



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Bucher for Worthington					
Full Name of Contributor Registration Numl					r, if PAC
Justin Adkins			_ \		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
163 W. Kanawha Ave.			Check		
City	State	Zip Code	Date (MM/DD	MM)	Amount
Columbus	OH	43214		6/26/19	50.00
Full Name of Contributor				Registration Numbe	er, if PAC
Ben Frech					
Street Address	Employ	oloyer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
283 E. 1st Ave. #323			Credit Card		
City	State	Zip Code	Date (MM/DD	/	Amount
Columbus	OH	43215		6/28/19	50.00
Full Name of Contributor	Registration Number				er, if PAC
Catherine DeNoewer					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
94 E. 202nd St.					Check
City	State	Zip Code	Date (MM/DE	DYYYY)	Amount
Euclid	01	44123		7/5/19	200.00
Full Name of Contributor				Registration Numb	er, if PAC
Committee to Elect Michael Sheehy					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1129 Schmidlin Rd					Check
City	State	Zip Code	Date (MM/D	DYYYY)	Amount
Oregon	OH	43616		7/6/19	50.00
Full Name of Contributor	- N			per, if PAC	
Alaina McCleery					
•	Fmok	over/Occupation/Lal	Form (Cash, Check, etc.)		
Street Address 815 N High St Apt 61	12,,,,p/c	Employer/Occupation/Labor Organization* Form (City Credit			
	State	Zip Code	Date (MM/D	DYYYY)	Amount
Columbus	OH	43215	Date (man b	7/16/19 25.00	
Columbus	1 011		l		

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page ⁻	Total	375.00	