



Statement of Contributions Received

Form 31-A

ORC 3517 10

Full Name of Committee					ORC 3517.10
Fortkamp for UA					
Full Name of Contributor Registration N					per, if PAC
Linda Moulakis					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4120 Mumford Ct.					Card
City	State Zip Code Date (MM/DD/YYYY)			Amount	
COlumbus	он 🖁	43220	1010	012019	\$ 50.00
Full Name of Contributor				Registration Numb	<u> </u>
Jeffrey Prescott				:	
Street Address	Employer	/Occupation/Labor O	Form (Cash, Check, etc.)		
5355 Lift Drive					Card
	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	OH 🔀	43054	08/12	12019	\$50,00
Full Name of Contributor				Registration Numb	er, if PAC
Joyce Basile Street Address					
	Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)
52 Gates Lane					Card
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
310W	mA 💆	1775	08/20	12019	\$50.00
Full Name of Contributor			-	Registration Numb	er, if PAC
Edward Sweeney					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
3801 Norbrook Drive					Card
City		Zip Code	Date (MM/DI		Amount
Columbis	OH 💆	43220	08124	1/2019	\$25.00
Full Name of Contributor	Registration Numb				er, if PAC
Pamela Montgomery					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1101 W. 7th Avenue					Card
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Hnchorage	AK 🛨	99501	08/28/2019		\$100.00

*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	\$275.00
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