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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee		· · · · · · · · · · · · · · · · · · ·			
Litman for Schools					
Full Name of Contributor	Registration Num			how if DAC	
1				Registration Num	iber, ii PAC
Street Address	Employer/Occupation/Labor Organization*			Farm (Cook Observation)	
				Form (Cash, Check, etc.)	
City Deer Trail	State Zip Code Date (MM/DD/YYYY)			Electronic	
Westerville	nH	43082		21/2019	Amount \$50.00
Full Name of Contributor	UII	1 43082	Uer		
	Registration Numl				ber, if PAC
Street Address	T= .				
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2668 Abbey Knoll Dr				Electronic	
Lewis Center	State	Zip Code	Date (MM/D	P/YYY)	Amount
	DH	43035	06/	21/2019	\$100.00
Full Name of Contributor Registration Num					per, if PAC
Maylene Hartz					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1179 S. Galera Rd					Electronic
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Galena	DH	43021	061	22/2019	\$50,00
Full Name of Contributor	Registration Numb				per, if PAC
Stephanie McManus					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2239 HOVINSHILL Rd.				Electronic	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Newark	DH	43055	D6/	22/2019	\$25,00
Il Name of Contributor Registration Num				er, if PAC	
Marian Werkheiser					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2715 E. Broad St.		T			Electronic
Rich mond	State	Zip Code	Date (MM/DI	1 1	Amount
Nich mond	NH	23223	06	124/2019	\$50,00

*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 1275.00