



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee DREES FOR UA SCHOOLS				
Full Name of Contributor ALICIA OVERMYER			Registration Number, if PAC	
Street Address 2667 SANDOVER RD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL	
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/02/2019	Amount 75.00
Full Name of Contributor KELLEY STONE			Registration Number, if PAC	
Street Address 1165 HIGHLAND DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL	
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/02/2019	Amount 100.00
Full Name of Contributor SHEELAH BUSE			Registration Number, if PAC	
Street Address 1190 REGENCY DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL	
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/02/2019	Amount 50.00
Full Name of Contributor KAREN LOGAN			Registration Number, if PAC	
Street Address 4161 KENNY RD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL	
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/02/2019	Amount 100.00
Full Name of Contributor AMY DUNN			Registration Number, if PAC	
Street Address 1764 EDGEMONT RD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL	
City COLUMBUS	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/02/2019	Amount 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)]