



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Bucher for Worthington					
Full Name of Contributor Nicolette Hudson				Registration Number, if PAC	
Street Address 250 E. South St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 8/8/19	Amount 100.00	
Full Name of Contributor Crystal Davis				Registration Number, if PAC	
Street Address 2999 Hoadley Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Twinsburg	State OH	Zip Code 44087	Date (MM/DD/YYYY) 8/20/19	Amount 100.00	
Full Name of Contributor Kelsey Woolard				Registration Number, if PAC	
Street Address 163 Garden Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 8/22/19	Amount 50.00	
Full Name of Contributor Barry Crawford				Registration Number, if PAC	
Street Address 11 E. Riverglen Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 8/24/19	Amount 250.00	
Full Name of Contributor Benjamin Frech				Registration Number, if PAC	
Street Address 283 E. 1st Ave. #323		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 8/30/19	Amount 75	

*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)]