



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee DREES FOR UA SCHOOLS				
Full Name of Contributor ED SEIDEL			Registration Number, if PAC	
Street Address 4660 STONEHAVEN DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/13/2019	Amount 200.00
Full Name of Contributor ANDREA HELFRICH			Registration Number, if PAC	
Street Address 1841 ROXBURY RD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/13/2019	Amount 50.00
Full Name of Contributor PAT STEWART POWELL			Registration Number, if PAC	
Street Address 4568 ARLINGATE DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/13/2019	Amount 50.00
Full Name of Contributor TOBY LIVINGSTON			Registration Number, if PAC	
Street Address 1704 SUNDRIDGE DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/13/2019	Amount 250.00
Full Name of Contributor NANCY LANG			Registration Number, if PAC	
Street Address 3943 CRISWELL DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/13/2019	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)]