



Statement of Contributions Received

Form 31-A

ORC 3517.10

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Full Name of Committee Worthington Education Association Political Ac	tion Com	mittee				
l l					tegistration Number, if PAC OH 299	
Street Address 225 E. Broad Street P.O. Box 2550	Employer/Occupation/Labor Organization* Labor Organization				Form (Cash, Check, etc.) Check	
City	State Zip Code Date (MM/DD/YYYY)				Amount	
Columbus	ОН	43216	Date (MMVD	08/22/2019	\$4,412.00	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Full Name of Contributor Registration N					l er, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY) Amount			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*			Anne mensione	Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY) Am		Amount	

*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)]

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