



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

ull Name of Committee					
ell For Schools					* DAC
ıll Name of Contributor			Re	egistration Number	, II PAC
eth Weinhardt					
treet Address	Employe	er/Occupation/Labo	r Organization*	ŀ	Form (Cash, Check, etc.)
42 Hickory Ct					Check
ity	State	Zip Code	Date (MM/DD/Y	1117	Amount
Vesterville	ОН	43081			25.00
ull Name of Contributor			R	egistration Numbe	r, if PAC
Michael Collins Group					
Street Address	Employ	er/Occupation/Labo	or Organization*		Form (Cash, Check, etc.)
3050 N. High Street, Ste 190	Cons	ulting			Check
City	State	Zip Code	Date (MM/DD/		Amount
Columbus	ОН	43235		06/13/2019	100.00
Full Name of Contributor			F	Registration Number	er, if PAC
Chris Summey					
Street Address	Emplo	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
8224 Stratford Chase Dr.					Check
City	State	Zip Code	Date (MM/DD	YYYY)	Amount
Worthington	ОН	43085		06/13/2019	25.00
Full Name of Contributor			<del></del>	Registration Numb	er, if PAC
Todd McFarland					
	Emplo	oyer/Occupation/Lal	bor Organization*		Form (Cash, Check, etc.)
Street Address		•			Check
412 Westgreen Ln	State	Zip Code	Date (MM/DD	)/YYYY)	Amount
City	OH	43081		06/13/2019	1000.00
Westerville				Registration Numl	ber, if PAC
Full Name of Contributor				-	
Lisa Aucion		oyer/Occupation/La	abor Organization*		Form (Cash, Check, etc.)
Street Address	Empl	oyer/Occupation/La	IDOI Organization		Check
507 Cherrington Ct.		77.0.4	Date (MM/DI		Amount
City	State		Date (MM/DI	06/13/2019	
Westerville	ОН	43081			

Page Total 1,200.00
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<sup>\*</sup>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)]