



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee DREES FOR UA SCHOOLS				
Full Name of Contributor DEBORAH HOUSER			Registration Number, if PAC	
Street Address 2221 BRIXTON RD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/13/2019	Amount 25.00
Full Name of Contributor NANCY RAY			Registration Number, if PAC	
Street Address 2291 PICKET POST	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/13/2019	Amount 20.00
Full Name of Contributor SUE OWEN			Registration Number, if PAC	
Street Address 1800 BEDFORD 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 LISA BERENS			Registration Number, if PAC	
Street Address 2615 JOHNSTON RD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/13/2019	Amount 100.00
Full Name of Contributor RUTH MILLER			Registration Number, if PAC	
Street Address 1936 ANDOVER 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 25.00

*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)]

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