



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee DREES FOR UA SCHOOLS				
Full Name of Contributor CLAUDIA WEISBERG			Registration Number, if PAC	
Street Address 2430 ONANDAGA DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/03/2019	Amount 50.00
Full Name of Contributor COURTNEY BROWNLEE			Registration Number, if PAC	
Street Address 3360 WESTBURY DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/03/2019	Amount 100.00
Full Name of Contributor ELIZABETH RILEY			Registration Number, if PAC	
Street Address 2970 LINKBURY LN	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/03/2019	Amount 250.00
Full Name of Contributor ELLEN CLARK			Registration Number, if PAC	
Street Address 2441 LYTHAM RD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL	
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/02/2019	Amount 1.00
Full Name of Contributor ANITA BENNETT			Registration Number, if PAC	
Street Address 3816 CRISWELL DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL	
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/02/2019	Amount 100.00

*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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