

Statement of Contributions Received

Form 31-A

ORC 3517 10

Full Name of Committee					
Foust for Council					
Full Name of Contributor				Registration Number	er, if PAC
Deborah Birnie					
Street Address	Employer	/Occupation/Labor Or	ganization*	1	Form (Cash, Check, etc.)
6462 Tonbridge					check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Worthington	ОН	43085		09/23/2019	50.00
Full Name of Contributor				Registration Number	er, if PAC
Phil Schieber					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
267 Highgate Ave					check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Worthington	ОН	43085		09/26/2019	50.00
Full Name of Contributor				Registration Number	er, if PAC
Susan Kneedler					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
263 Weydon Rd					check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Worthington	он	43085		09/14/2019	50.00
Full Name of Contributor		·		Registration Number	er, if PAC
David Robinsom					
Street Address	Employer	/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
195 E Dublin Granville					check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Worthington	ОН	43085		10/02/2019	100.00
Full Name of Contributor	,	Registration Number			er, if PAC
Kathryn Keller					
Street Address	Employer	/Occupation/Labor Org	ganization*		Form (Cash, Check, etc.)
670 Morning St					check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Worthington	ОН	43085		08/28/2019	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)]

Page Total 350.00
