



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee DREES FOR UA SCHOOLS				
Full Name of Contributor TOM MASON			Registration Number, if PAC	
Street Address 1570 LONDON DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City UPPER ARLINGTON	State OH	Zip Code 43221	Date (MM/DD/YYYY) 11/14/2019	Amount 50.00
Full Name of Contributor KELLY CANTWELL			Registration Number, if PAC	
Street Address 2734 CAMDEN RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 11/14/2019	Amount 50.00
Full Name of Contributor CHERYL GODARD			Registration Number, if PAC	
Street Address 1817 LAKE SHORE DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL
City COLUMBUS	State OH	Zip Code 43204	Date (MM/DD/YYYY) 11/14/2019	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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)]