



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee DREES FOR UA SCHOOLS				
Full Name of Contributor JOHN ADAMS			Registration Number, if PAC	
Street Address 2310 DORSET RD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/20/2019	Amount 100.00
Full Name of Contributor LOUIS CAIN			Registration Number, if PAC	
Street Address 4040 LONGHILL RD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/20/2019	Amount 50.00
Full Name of Contributor BETH KIEFABER			Registration Number, if PAC	
Street Address 4085 FAIRFAX DR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/03/2019	Amount 50.00
Full Name of Contributor COLLEEN DUFFEY			Registration Number, if PAC	
Street Address 2431 ONANDAGA 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 VALERIE BAKER			Registration Number, if PAC	
Street Address 2303 YORKSHIRE RD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/03/2019	Amount 75.00

*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 375.00