



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Fortkamp For OA				
Full Name of Contributor Christina Monnier			Registration Number, if PAC	
Street Address 1994 Suffolk Rd - 02		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Date (MM/DD/YYYY) 10/14/2019	Amount \$50.00
Full Name of Contributor Elaine Long			Registration Number, if PAC	
Street Address 1625 Barrington Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Date (MM/DD/YYYY) 10/14/2019	Amount \$50.00
Full Name of Contributor Kathryn Spies			Registration Number, if PAC	
Street Address 5 Manning Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Card
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount \$25.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	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 <input type="checkbox"/>	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)]