



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Bucher for Worthington				
Full Name of Contributor Friends of Lou Gentile			Registration Number, if PAC	
Street Address 399 Terri Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Stuebenville	State OH	Zip Code 43952	Date (MM/DD/YYYY) 10/2/19	Amount 50.00
Full Name of Contributor Tadd Nicholson			Registration Number, if PAC	
Street Address 4009 County Road 24		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Mount Gilead	State OH	Zip Code 43338	Date (MM/DD/YYYY) 10/4/19	Amount 50.00
Full Name of Contributor Richard Ward			Registration Number, if PAC	
Street Address 834 Hamlet St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/6/19	Amount 50.00
Full Name of Contributor Kevin Pangrace			Registration Number, if PAC	
Street Address 566 1/2 Franklin Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/6/19	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	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)]

Page Total 250.00