



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee				
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
Fortkamp for OA				
Kathryn Spires				
5 Manning Street				Card
Ipswich	MA	1938	10/21/2019	\$25.00
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
Carole Lunney				
2398 Beaumont Rd.				Card
Columbus	OH	43221	10/21/2019	\$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
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
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
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)]