



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> DREES FOR UA SCHOOLS				
Full Name of Contributor DONNA BARKER			Registration Number, if PAC	
Street Address 1828 RIDGEVIEW RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/02/2019	Amount 25.00
Full Name of Contributor LORI SCHUMACHER			Registration Number, if PAC	
Street Address 2649 CLARION CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/02/2019	Amount 25.00
Full Name of Contributor MARK MURPHY			Registration Number, if PAC	
Street Address 1610 ARDWICK RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/02/2019	Amount 50.00
Full Name of Contributor JENNIFER SCHONING			Registration Number, if PAC	
Street Address 3765 WALDO PL		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/02/2019	Amount 100.00
Full Name of Contributor VICKI PROBST			Registration Number, if PAC	
Street Address 4660 BARRYMEDE CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PAYPAL
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/04/2019	Amount 100.00

\*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)]