



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Bucher for Worthington				
Full Name of Contributor Justin Adkins			Registration Number, if PAC	
Street Address 163 W. Kanawha Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 7/20/19	Amount 25.00
Full Name of Contributor David Dennis			Registration Number, if PAC	
Street Address 112 Chaucer Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 7/25/19	Amount 25.00
Full Name of Contributor Kyle Strickland			Registration Number, if PAC	
Street Address 222 E. Town St. Suite 2W		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 8/8/19	Amount 50.00
Full Name of Contributor Tamaliyapo Mphande			Registration Number, if PAC	
Street Address 5748 Saucony Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 8/8/19	Amount 20
Full Name of Contributor Klein Committee			Registration Number, if PAC	
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 8/8/19	Amount 150.00

*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 270.00