



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Schottke for GC				
Full Name of Contributor Rebecca J. Mott			Registration Number, if PAC	
Street Address 1524 Northham Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/24/2019	Amount 150.00
Full Name of Contributor Linda Rehmer			Registration Number, if PAC	
Street Address 3403 Independence St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 08/02/2019	Amount 25.00
Full Name of Contributor Michael Spires			Registration Number, if PAC	
Street Address 6173 Seneca Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 08/12/2019	Amount 25.00
Full Name of Contributor Patrick Kelley			Registration Number, if PAC	
Street Address 2712 Bexley Park Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 08/12/2019	Amount 150.00
Full Name of Contributor Hugh Garzide			Registration Number, if PAC	
Street Address 7471 Kuhlmeier Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Galloway	State OH	Zip Code 43119	Date (MM/DD/YYYY) 08/23/2019	Amount 50.00

*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)]