



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee DREES FOR UA SCHOOLS				
Full Name of Contributor MOLLY DUNN			Registration Number, if PAC	
Street Address 3784 CRISWELL RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/20/2019	Amount 50.00
Full Name of Contributor CAROLINE RUTHERFORD			Registration Number, if PAC	
Street Address 4499 SUMMIT RIDGE RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/20/2019	Amount 50.00
Full Name of Contributor GREG COMFORT			Registration Number, if PAC	
Street Address 3390 LONDON CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/20/2019	Amount 100.00
Full Name of Contributor MATT MCCLELLAN			Registration Number, if PAC	
Street Address 1673 ESSEX RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/20/2019	Amount 100.00
Full Name of Contributor MARY BETH DAVIS			Registration Number, if PAC	
Street Address 1922 ARLINGTON AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/20/2019	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)]

Page Total 400.00