

Page <u>/D</u>

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Committee to Elect Los Trent					
Full Name of Contributor				Registration Number, if PAC	
Carolyn Schuitz					
]	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2585 Edington Rosa					clock
City	State	Zip Code	Date (MM/DI	<i>1</i> 2 1	Amount
Colubis	OH.	43221	10/	28/19	100,0
Full Name of Contributor				Registration Number	er, if PAC
Laura Mazzafenzi					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2456 Lane ROAD					Charch
City	State	Zip Code	Date (MM/DI	DALLA,	Amount
Conbs	Q17	43220	101	30/19	8100,9
Full Name of Contributor Registration Nu				Registration Number	er, if PAC
Linda Schular			;		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
110 W. 15+ Avance					Chel
City	State	Zip Code	Date (MM/DI		Amount # 1017120
Coulus	04	43201		9/30/19	100,0
Full Name of Contributor				Registration Number, if PAC	
Michael Schadek					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
129 Aroen Road					Chall
City	State	Zip Code	Date (MM/DI		Amount and an
Colobra	GH	43214	/1	/30/,4	8.56, as
Full Name of Contributor Registration Nu					er, if PAC
TAUL FESNEY					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
158 Buttles Avenue Combus					Pay FAL
City	State	Zip Code	Date (MM/D	<u> </u>	Amount
Colubus	OH	43215	10/1	119	\$ 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 & 450, 🤏