

Statement of Contributions Received

Form 31-A

ORC 3517.10

Name of Committee			
Friends of Louis.	Salvati	Registration Nun	nber, if PAC
Name of Contributor		, togical and	
Louis Salvati et Address 767 Tricolor Dr Reynoldsburg I Name of Contributor			Form (Cash, Check, etc.)
et Address	Employer/Occupation/Labo	or Organization"	cash
767 Tollago			Amount
187 (1:00-1-4	State Zip Code	Date (MM/DD/YYYY)	Amount \$50.00
	OH 9 43068	07/11/2019	
Leg noto Soura		Registration Nu	mber, if PAC
I Name of Contributor			
	Employer/Occupation/Lab	oor Organization*	Form (Cash, Check, etc.)
eet Address	Employen		
	7:n Code	Date (MM/DD/YYYY)	Amount
dy .	State Zip Code	Date (Minus 22)	
	<u> </u>	Registration N	mber if PAC
ıll Name of Contributor		Registration N	amber, in the
			T- (O. I. Ohaek etc.)
reet Address	Employer/Occupation/La	bor Organization*	Form (Cash, Check, etc.)
neer Address			
	State Zip Code	Date (MM/DD/YYYY)	Amount
ity	-		
		Registration	lumber, if PAC
ull Name of Contributor			
		has Organization*	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/L	abor Organization	
			Amount
City	State Zip Code	Date (MM/DD/YYYY)	Amount
Sity			
		Registration	Number, if PAC
Full Name of Contributor			
	Employer/Occupation/	Labor Organization*	Form (Cash, Check, etc.)
Street Address	Employenoccupation	•	
		Date (MM/DD/YYYY)	Amount
	State Zip Code	Data (MMM/DD/YYYY)	, ,,,,,

*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)]

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Page Total 50.00
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