

Statement of Contributions Received

Page

Form 31-A ORC 3517.10

Full Name of Committee			.,		
C. 1 / ST / 20 TOWN					
Commenter to Elect Les. Treat				Registration Num	nber, if PAC
Full Name of Contributor				59.6 30.011 / 1011	, · · · · -
J.11 A. HESS					Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*				1 .
2110 Normais Blvo			r		Charles
City		Zip Code	Date (MM/DI	1 21 .	Amount Find of
Coulous	OH	43221	10	15/19	140 *
Full Name of Contributor	Registration Nu				nber, if PAC
SUSAN E. Schneiter					
Street Address	Employer/	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
2640 WESTWONT BIVO					Chedle
City	State	Zip Code	Date (MM/DI	1 1	Amount CV
Con bus	OH	43221	10	15/19	31,000. or
Full Name of Contributor Registration Num					nber, if PAC
John GalANO TillEry					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1312 Graham ROM				Chesle	
I City	State	Zip Code	Date (MM/D	PMYYY)	Amount (% K/V)
VISGINIA Beach	V4	23454	10/	7/19	3500
Full Name of Contributor Registration N					mber, if PAC
San Charles					
Street Address	Employer/Occupation/Labor Organization"				
	Rd				CASH
City	State	Zip Code	Date (MM/D	DDYYYY)	Amount \$20,0
Coubus	OH	43221	10/	7/15	+20,5
Full Name of Contributor	Registration N				mber, if PAC
Even Ballou					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2811 HELSTON ROSS			CXSH		
	State	Zip Code	Date (MM/I	DDYYYY)	Amount
City	04	43220	101	7/19	\$200, 2
1 (m. bs	U	43000	- - /_		

^{*}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)]