

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Committee to Elser Los: Trans						
Full Name of Contributor				Registration Numb	Registration Number, if PAC	
LES ANN Massucci						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2509 Course bury Ross					Pay Pa	
City	State	Zip Code	Date (MM/D	D/YYY)	Amount	
Cowbis	OH	48221	10/	31/19	\$200.00	
Full Name of Contributor	Registration			Registration Numb	er, if PAC	
Denis Rigney - Cacroll						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address 2448 KENSIM fon Book City					Paylor	
City	State	Zip Code	Date (MM/D	4 '	Amount	
(o was	04	43221	10/	31/19	P100, 20	
Full Name of Contributor Registration Number, if PAC						
Lisa Zelhen						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2930 Woodson Druc					Pay the	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Hillians	6H	43026	10/	28/19	4100,00	
Full Name of Contributor	utor Registration Number					
Elliot Fishman						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
960 Bryden Ross	Yesy Pla				You ful	
City	State	Zip Code	Date (MM/D		Amount	
Coubus	<i>94</i>	43205	11/5	119	\$250	
Full Name of Contributor				Registration Numb	er, if PAC	
Scotl & Lyne Goldhea						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
274/ LEAR ROM					Clink	
City	State	Zip Code Date (MM/DD/YYYY)		D/YYYY)	Amount	
Collis	OH	43220 10/30/19		30/19	D500	

^{*}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)]