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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Com Hee to Elect Lois Voint					
				Registration Num	nber, if PAC
Michele Vilaneo					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2760 SWINSER ROSO					ach
City	State	Zip Code	Date (MM/DI	, <i>I</i>	Amount
Colubs	0H	48221	10	0/18/19	P200.00
Full Name of Contributor	Registration Nu				ber, if PAC
Elizabeth HOGEL					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
59 Fren havo Cirle					Clark
City	State	Zip Code	Date (MM/DI	/ . /	Amount (9)
ANMONON FORT	MA	02675	10/	18/19	0 1500
Full Name of Contributor	Registration Number, if PAC				
Celia Monnin					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1160 Kingsdals TERRALE					PayPar
City	State	State Zip Code Date (MM/DD/YYYY)			Amount
Colubis	O#	43220	10	17/19	\$ 100.00
Full Name of Contributor	Registration Nu				ber, if PAC
Thomas J. GoTE					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
982 JAEGER Soreet					Clack
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount
Collbus	OH	43206	10	121/19	5250.0
Full Name of Contributor	Registration Number, if PAC				ber, if PAC
Pichars B. Neals, T4. Street Address PRI TARGER Street State Zip Code Date (MM/DD/YYYY) Colubration Amount \$250.9					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
982 JAZGEZ Sored					Clade
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
(2/2/2005	604	43206	10/21/19		Amount 5250.

*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 \$875 00