

Statement of Contributions Received

Form 31-A

ORC 3517.10

ull Name of Committee	. 41	\ .			
Friends of Louis Salvati Registration Num					ber, if PAC
ıll Name of Contributor					
Louis Salvati			Description*		Form (Cash, Check, etc.)
reet Address	Employer	/Occupation/Labor (\$ check		
767 Tricolor Dr			- (1116)	D00000	Amount
ity	State	Zip Code	Date (MM/D		\$ 260.°°
Reynoldsburg	OH I	43068	01/2	3/2019	
ull Name of Contributor				Registration Nun	nder, II PAC
Julie Hartman					To chark ato)
Street Address	Employe	r/Occupation/Labor	Form (Cash, Check, etc.)		
					cash
7963 Godfrey Circle	State	Zip Code	Date (MM/I	OD/YYYY)	Amount
	OH 🖃	43068	02/2	25/2019	\$ 20.00
Reynoldsburg Full Name of Contributor		13-03		Registration Nu	mber, if PAC
hinda Cannon	Employ	er/Occupation/Labo	r Organization*		Form (Cash, Check, etc.)
Street Address					check
1586 Bent Maple Dr	State	Zip Code	Date (MM	/DD/YYYY)	Amount
City	-	-		25/2019	15100.0°
Blacklick	OH	43004	0 =	Registration No	
Full Name of Contributor				, togical	
Marcia Phelps				<u> </u>	Form (Cash, Check, etc.)
Street Address	Emplo	yer/Occupation/Lab	check		
205 Gladys Ave					Amount
City	State	Zip Code	1	A/DD/YYYY)	¥25.00
Newark	OHL	43055	02/	25/2019	
Full Name of Contributor				Registration N	lumber, if PAC
A Channe					
VIOLA STEWAS	Emplo	oyer/Occupation/Lat	Form (Cash, Check, etc.)		
Street Address				. —	cash
7741 Heneua Dr	State	State Zip Code Date (MM/DD/YYYY) Amount			
Full Name of Contributor Viola Shemas Street Address 7747 Amelia Dr City Deynold-sburg	OH	43068	03	120/2019	\$ 20.0°
Deynold-sburg	100	- ()			

*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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