

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Com Her la Elast Lan Trust						
Full Name of Contributor Registratio				Registration Number	er, if PAC	
Junifen M. Enfirst						
Street Address	Employer/Occupation/Labor Organization*			-	Form (Cash, Check, etc.)	
2554 Edington Ross.					Chevre	
City	State				Amount	
Colobus	OH	43221	/4	21/19	9100 g	
Full Name of Contributor	Registration Number, if PAC					
JAMES D POROWN						
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
25 70 Edington Room					Charle	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
lolibis	CH	43221	10/2	4/19	350,Q	
Full Name of Contributor	Registration Nu				er, if PAC	
NAWLY Thorus Wis In Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3287 MOUNTUIEW ROAD					Chesh	
City	State	- ale (ale			Amount	
Cohbis	OH	43221	10/24/19		\$1001=	
Full Name of Contributor	Registration Nur				er, if PAC	
Anorea Hetfich						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1841 Raybury Ross					Cherch	
City	State	Zip Code	Date (MM/D		Amount	
Colybus	OH.	43212	11/2	2/19	3 30.7	
Full Name of Contributor	Registration N			Registration Numb	er, if PAC	
Phil Villanos						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4525 HAR DOUR BOILBUM	<u>a</u>	CASA				
City	State	state Zip Code Date (MM/DD/YYYY)		DYYYY)	Amount	
Co Was	est	43232	11/4/10		B40.7.	

^{*}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)]