



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Louis Salvati				
Full Name of Contributor Licking County Democratic Club			Registration Number, if PAC	
Street Address 2054 Cherry Valley Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Newark	State OH <input checked="" type="checkbox"/>	Zip Code 73055	Date (MM/DD/YYYY) 10/23/19	Amount 75.00

Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount

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Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount

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Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount

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Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]