

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|--|-------------------|---|---------------|---------------|--|-------------------------|
| Name of Committee in Full THE COMMITTEE TO ELECT LESLIE KELLY | | | | | | | |
| Full Name of Contributor FRED DESKINS JR REPUBLICAN WARD ONE COUNCIL SEAT C | | | | | | Registration Number, if PAC | |
| Street Address 6625 SCHENK AVE | | | Employer/Occupation/Labor Organization* CAMPAIGN COMMITTEE DONATION | | | Form (Cash, Check, etc.) CHECK | |
| City REYNOLDSBURG | | State O | Zip Code H 43068 | M 0 | D 7 | Y 1 | Amount 615.50 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | | State | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
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* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 615.50