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Statement of Contributions Received

Prescribed by Secretary of State 3/05

| 2788 Scioto Station Dr. State Zip Code M D Y Amount | | | | | | | | | |
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| Fail Name of Countbuser | | | | | | | | | |
| Friends of Dr. Anahi Ortiz Surer Address Employen/Occupation* Labor Organization* Form (Cash, Check, etc.) Check | | | | | - | | | _ | |
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| Columbus | 2788 Scioto Station Dr. | | | | | | | Check | |
| Registration Number, if PAC | City | State | | Zip Code | М | D | Y | Amount | |
| Dorothy Bair Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check | Columbus | 01 | H | 43204 | 110 | 116 | 1 5 | | 50.00 |
| Street Address | Full Name of Contributor | | | | Registra | ation Nur | ber, if PA | С | _ |
| State Zip Code M D Y Amount | Dorothy Bair | | | | | | | | |
| State Zip Code M D Y Amount | Street Address | Employer/O | ecupa | ation/Labor Organization* | _ | | | Form (Cash, Che | ck, etc.) |
| Columbus | 941 Miriam Dr. E. | İ | | | | | | Check | |
| Registration Number, if PAC State Zip Code M D Y Amount | City | State | | Zip Code | М | D | Y | Amount | |
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| Employer/Occupation/Labor Organization* | Stonewall Democrats of Central Ohio | | | | 1 | | | | |
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| Page Total \$ | 525.00 |
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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)]