## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Elect Keegan Full Name of Contributor			· .	T					
Shawn Cline					Registration Number, if PAC				
Street Address	de i v					_			
	Employer/C	ation/Labor Organization*				Form (Cash, Check, etc.)			
6655 Lakeside Circle	<u> </u>			_			Check		
City	State		Zip Code	M	D	Y	Amount		
Worthington	0	H	43085	110	$ 1 \epsilon$	0 7	50.00		
Full Name of Contributor				Regist	ration Nu	nber, if Pa	AC		
Jo Anne La Buda									
Street Address	Employer/0	ation/Labor Organization*	-			Form (Cash, Check, etc.)			
6727 Elmers Court							Check		
City	State		Zip Code	М	D	ΙΥ	Amount		
Worthington	101	H	43085	1110	1116	017	100.00		
Full Name of Contributor			10000						
Full Name of Contributor  Less than \$25 each - donations at water sale									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
	pv, v	out Labor Organization							
City	State		Zip Code	Гм	1 5	T v -	cash		
City	State		Zip Code	1	D	Y	Amount		
Full Name of Contributor	1 1					0 7			
run Name of Contributor					Registration Number, if PAC				
Street Address	Employer/C	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
	<u> </u>		<del>,</del>						
City	State		Zip Code	M,	Đ.	Y	Amount		
					<u> </u>				
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/C	ation/Labor Organization*				Form (Cash, Check, etc.)			
<u>i</u>									
City	State		Zip Code	М	D	Y	Amount		
			!			1.1			
Full Name of Contributor	<u> </u>			Registr	ation Nu	nber, if Pa	AC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	State		Zip Code	М	D	Y	Amount		
	1 1		•	1 1	1 1	Li			
Full Name of Contributor	<u>!</u>			Registr	ration Nu	nher if P.	AC		
	·			Registration Number, if PAC					
Street Address	It-malauss/	In-law to make the constitution				For (Code Charles or )			
Sueci Address	Employence	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
o:	1		In: a .	т	1 -	1	ļ		
City	State		Zip Code	M	D D	Y	Amount		
	]				1				
Full Name of Contributor Registration Number, if PAC							AC		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
	<u> </u>								
City	State		Zip Code	М	Đ	Y	Amount		
			<u> </u>			<u></u> 1			
		_							

Page Total \$ 300.00

<sup>\*</sup> 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)]