## **Statement of Contributions Received**

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full		<del></del>					
Full Name of Contributor  Many Jo Na  Street Address  5243 Wood Run Blvd  City  Columbus	LK						
Full Name of Contributor			Registra	tion Nur	nber, if Pr	AC	
Mary Jo Na	poli						
Street Address	Employer/Occupat	ion/Labor Organization*			•	Form (Cash, Check, etc.)	
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Page Total \$

<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 also appear. [R.C. 3517.10(B)(4)]