Statement of Contributions Received

Page 1 1/8

Prescribed by Secretary of State 03/05

Name of Committee in Full				
COMMITTER TO ELOCT HAKES				
Full Name of Contributor			Registration Number, if P	AC
Goosne m. Celizic		· ·	İ	
Street Address 855 W. mound	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
855 ha magnet				101
City	State	Zip Code	M D Y	Amount
(01~mb-5	40.13	11722-		<u>.</u>
Full Name of Contributor	017	13933	Registration Number, if P	35.00
Street Address	T			E (0' 1 0' 1)
	Employer/Occupan	ion/Labor Organization*		Form (Cash, Check, etc.)
City Ashrand Aur.		Ta: A 1		C A S N
1 *	State	Zip Code	M D Y	
(Ol-mb-s	017	413913	1 7 - 60	50.00
Full Name of Contributor			Registration Number, if P	AC
Trobert : Amy 5 med by a Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
G331 Trunson Dr.		-		(30.4)
City	State	Zip Code	M D Y	Amount
columbus	01+		ا ر د ح ن الله	10.00
Full Name of Contributor		413398	Registration Number, if P.	1
			registration runner, if f	nc .
Street Address Gold 577	· Υ\ .			T. (0) 6
	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
150 5- 1700 STVELT				CASh
City	State	Zip Code	M D Y	Amount
134x 144	017	43204	١١ ١ ح و ١٠	50.00
Full Name of Contributor Registration Number, if PAC				
Street Address				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
557 E. Tonal Fouge				insh.
City	State	Zip Code	M D Y	Amount
(0/~~b~s	017	43314	370 2-11	25.00
Full Name of Contributor		1 7 3 3 7	Registration Number, if P.	
Street Address	In 1 10			F (0) (1)
	Employer/Occupati	ion/Labor Organization		Form (Cash, Check, etc.)
City Dy W. Kunno. Th	<u> </u>	Ta: 0.1		< A5h"
(0) s	State	Zip Code	M P Y	Amount
	ohiu	43314	頭 0 みつい	20.00
Full Name of Contributor			Registration Number, if P.	AC
Trobin Jones				
Street Address	Employer/Occupati	ion/Labor Organization		Form (Cash, Check, etc.)
373 5- 17: hum 55 FL	ļ			~C1933
City	State	Zip Code	a M D Y	Amount
columba-4	oh	43815	108711	20.00
Full Name of Contributor	1		Registration Number, if P.	
Street Address	Employed O	ion/Labor Organization		Form (Cash, Check, etc.)
	Employer/Occupan	TOWE ADDITION		
City 373 3- 17: hm 35,14 12L	Sant-	[7: 0.4:	· · · · · · · · · · · · · · · · · · ·	6.435
1	State	Zip Code		Amount
rolumb-5	017	43015	108711	25.00

Page Total \$ 2 3 5

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)]