



Full Name of Committee Committee to Elect Nancy Gillespie				
Full Name of Contributor Nancy Gillespie			Registration Number, if PAC	
Street Address 3970 Eastrise Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 09/05/2017	Amount \$500.00
Full Name of Contributor Nancy Gillespie			Registration Number, if PAC	
Street Address 3970 Eastrise Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Sweep debit
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 10/12/2017	Amount \$38.10
Full Name of Contributor Nancy Gillespie			Registration Number, if PAC	
Street Address 3970 Eastrise Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 10/20/2017	Amount \$36.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]