1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of Bob Bailey Full Name of Contributor			la	ation Nun		
Beth & Dan Espinosa			Registr	ation Nun	ioer, ii ra	.C
Street Address	Employer/Ocou	pation/Labor Organization*				Form (Cash, Check, etc.)
	Employer/Occu	Janon/Labor Organization				
3622 Washburn Street		Ta' 0 1		**	т	cash
City Whitehall	State O H	Zip Code 43213	M	D	Y	Amount
Full Name of Contributor		40410	1 1	na salah	TO STATE OF THE PARTY OF THE PA	
Citizens for Wes Kantor			Registr	ation Nun	10er, 11 PA	C
Street Address	Employer/Occur	pation/Labor Organization*			THE	Form (Cash, Check, etc.)
	Employer/Occu	jation/Labor Organization				8
4082 Elbern Avenue	0	Tg: 0.1	- 1 ,,		1 37	check #154858
City	State O H	Zip Code	М	D	Y	Amount
Whitehall		43213	11	conference contractor	CONTRACTOR CONTRACTOR CONTRACTOR	100.01
Full Name of Contributor			Registr	ation Nun	nber, if PA	.C
Citizens for Wes Kantor						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
4082 Elbern Avenue						check #1003
City	State	Zip Code	M	D	Y	Amount
Whitehall	$0 \mid H$	43213	1 0	mentenanamanianenana	CONTRACTOR	50.00
Full Name of Contributor			Registr	ation Nun	nber, if PA	.C
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registr	ation Nun	nber, if PA	C
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
					···	
City	State	Zip Code	M	D	Y	Amount
				1		
Full Name of Contributor			Registr	ation Nun	ber, if PA	С
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	NA VILLANDA					
Full Name of Contributor			Registra	ation Nun	ber, if PA	С
						######################################
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor Registration Number, if PAC					С	
reet Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount
				241000		

* 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)]

Page Total \$	250.01
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