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Statement of Contributions Received

Prescribed by Secretary of State 03/05

$\overline{}$			
		Designation Numb	2010
Full Name of Contributor celia oberholzer			er, if PAC
Employ	/Occupation/Labor (?instins*	Farm (Cook Check etc.)
		-	Form (Cash, Check, etc.)
			Credit Amount
	l '	1	Amount \$5,00
On	43223		
		Registration runne	er, ii PAC
Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
1 ' '	•	лдашины	Credit
State		Date	Amount
			\$10.00
	43013		
Full Name of Contributor Charles Lynd			M, 1177.6
		Organization*	Form (Cash, Check, etc.)
l l		· 5	Credit
State	Zip Code	Date	Amount
ОН	43015	09/19/2017	\$10.00
		Registration Number	
Employ	er/Occupation/Labor C	Organization*	Form (Cash, Check, etc.)
none / r	none		Credit
State	Zip Code	Date	Amount
ОН	43015	10/03/2017	\$10.00
Full Name of Contributor		Registration Number	per, if PAC
		=	Form (Cash, Check, etc.)
			Credit
State	Zip Code	Date	Amount
ОН	43085	09/11/2017	\$ 10.00
Full Name of Contributor Christopher Merkel			er, if PAC
		=	Form (Cash, Check, etc.)
			Credit
State	Zip Code	Date	Amount
ОН	43085	10/11/2017	\$10.00
Full Name of Contributor chrys gee		Registration Number	per, if PAC
			
1	•	•	Form (Cash, Check, etc.)
			Credit
	•		Amount
OH	43214		\$25.00
		Registration Number	er, if PAC
T ===lov	'C		- (0.1.0bl.ma)
	•	•	Form (Cash, Check, etc.)
			Credit
	·		Amount
	Employer none / rr State OH Employer Translar State OH	Not Employed / Not Employed	CH 43223 10/16/2017 Registration Number

Page Total: \$82.00

^{*} 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)]