

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | | |
|---|--|--------------------|--|--|---------------|-----------------------------|--|--|---------------------|--|
| Name of Committee in Full The Committee to Elect Natalie R. Coles | | | | | | | | | | |
| Full Name of Contributor Elizabeth Martinez | | | | | | Registration Number, if PAC | | | | |
| Street Address 1480 Dobson Sqaure North | | | Employer/Occupation/Labor Organization* Big Brothers Big Sisters | | | | Form (Cash, Check, etc.) Credit Card | | | |
| City Columbus | | State OH | Zip Code 43229 | | M 1 | | D 0 | | Y 2 7 1 1 | |
| | | | | | | Amount \$20.00 | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | | |
| City | | State | Zip Code | | M | | D | | Y | |
| | | | | | | Amount | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | | |
| City | | State | Zip Code | | M | | D | | Y | |
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| City | | State | Zip Code | | M | | D | | Y | |
| | | | | | | 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)]

Page Total **\$20.00**