

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Elect Nadia Long</b>									
Full Name of Contributor <b>Nadia Long</b>						Registration Number, if PAC <b>N/A</b>			
Street Address <b>859 Claytonbend Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Galloway</b>		State <b>OH</b>	Zip Code <b>43119</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>\$5,220.00</b>	
Full Name of Contributor <b>Mary McAndrew</b>						Registration Number, if PAC <b>N/A</b>			
Street Address <b>2116 Firestone Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43228</b>		M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>Melinda Dennis</b>						Registration Number, if PAC <b>N/A</b>			
Street Address <b>5001 Drayton Road</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>		M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>\$25.00</b>	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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)]