

Prescribed by Secretary of State 3/05

Name of Committee in Full																
Friends of David Samuel																
Street Address							Employer/Occupation/Labor Organization*			Registration Number, if PAC						
City							State		Zip Code ##		M D Y		Amount ##			
Full Name of Contributor							Registration Number, if PAC									
DAVID SAMUEL																
243 CASWELL DR							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City							OH State		Zip Code ##		M D Y		Amount		AEX CREDIT C	
GAHANNA							OH		43230		101211		219.45			
Full Name of Contributor							Registration Number, if PAC									
Street 530 Meadow Sweet Pl							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City							State		Zip ##		M D Y		Am 35			
Full Name of Contributor							Registration Number, if PAC									
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City Gahann							State		Zip Code ##		M D Y		Amount ##			
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Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City							State		Zip Code		M D Y		Amount		TOTAL PAC 219.45	

\* 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