

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO ELECT LIZ WARD, BLENDON TWP TRUSTEE									
Full Name of Contributor RICHARD NATHAN					Registration Number, if PAC				
Street Address 458 MAPLEBROOK DRIVE E.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State OH		Zip Code 43082		M 1		D 1	
						Y 0		Amount \$150.00	
Full Name of Contributor					Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
		OH						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	
		OH						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	
		OH						Amount	
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City		State		Zip Code		M		D	
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		OH						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	
		OH						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 **\$150.00**