Statement of Contributions Received

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| Page | | |

Prescribed by Secretary of State 03/05

| Name of Committee in Full The Committee to Elect Chris Pankevich MAYOr | | | | | | | | | |
|--|-------------------|-------------------------|------------|----------|-----------|------------------------------|--|--|--|
| Full Name of Contributor Registration Number, if PAC Registration Number, if PAC | | | | | | | | | |
| | | on/Labor Organization* | | | | Form (Cash, Check, etc.) | | | |
| White Wall | State | Zip Cod 3213 | MG | 28 | <u> </u> | Amount 60 | | | |
| Full Name of Contributor KON SCholl | on Numbe | τ, if PA | С | | | | | | |
| Streey Aldress 1221 Scalginan AVP | | on/Labor Organization | | | | Form (Cash, Check, etc.) ASh | | | |
| City Whitehall | State | Zip Code 13 713 | 10 | 03 | ×// | Amount 25.00 | | | |
| Full Name of Contributor BRIAN GIMMOIN | | | Registrati | on Numbe | | | | | |
| Street Address 166 Ross Rd | | oa/Labor Organization | | | | Form (Cash, Check, etc.) ASU | | | |
| City Whitehall | D H | Zip Code 43213 | MO | 07 | <u> </u> | Amount O, OO | | | |
| Full Name of Contributor Registration Number, if PAC O'ENRALO D'XON | | | | | | | | | |
| Street Address 3877 Dowey St | Employer/Occupati | on/Labor Organization® | - | | | Form (Cash, Check, etc.) | | | |
| City Whitchall | State H | Zip Code 43213 | 10 | 2/1 | Ĭ/ | Amount 50,00 | | | |
| Full Name of Contributor | | | Registrati | on Numbe | т, if PA | c | | | |
| Street Address | Employer/Occupati | on/Labor Organization* | - | | | Form (Cash, Check, etc.) | | | |
| City | State | Zip Code | М | D | Y | Amount | | | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | | | |
| Street Address | Employer/Occupati | on/Labor Organization* | | | | Form (Cash, Check, etc.) | | | |
| City | State | Zip Code | M | D | Y | Amount | | | |
| Full Name of Contributor Registr | | | | | er, if PA | C | | | |
| Street Address | Employer/Occupati | on/Labor Organization* | | | | Form (Cash, Check, etc.) | | | |
| City | State | Zip Code | М | D | Ÿ | Amount | | | |
| Full Name of Contributor Registration Number, if PA | | | | | | C | | | |
| Street Address | Employer/Occupati | ion/Labor Organization* | - | | | Form (Cash, Check, etc.) | | | |
| 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)]