31-A R.C. 3517.10

Page

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

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Name of Committee in Full						
Committee to Elect Bud Zappi	tem irustee		In a sile to	tion Miss	har if D^	C
Full Name of Contributor			Kegistra	ation Num	oci, II PA	
Frank Harmon	In 1 10	-ti// -1 C				Form (Cash, Check, etc.)
Street Address	1	ation/Labor Organization*		Y		` ' ' '
8120 Corporate Blvd.		surance Serices			T V	Cashier's Check
City	State	Zip Code	M	D	Y	Amount
Plain City		43064	1 0	THE PROPERTY OF THE PARTY OF TH		
Full Name of Contributor			Registra	ation Num	iber, ii PA	C
Kelley Harmon			<u> </u>			
Street Address	1	ation/Labor Organization*		*		Form (Cash, Check, etc.)
8120 Corporate Blvd.		surance Serices			<del>1</del> -	Cashier's Check
City	State	Zip Code	M	D	Y	Amount
Plain City	10   H	43064	110			75.00
Full Name of Contributor			Registra	ation Num	iber, if PA	C
Street Address	Employer/Occup	oation/Labor Organization*	*			Form (Cash, Check, etc.)
				<del></del>		
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	ation Num	iber, if PA	C
Street Address	Employer/Occup	pation/Labor Organization*	*			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registr	ation Num	ber, if PA	C
Street Address	Employer/Occup	oation/Labor Organization	*			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
			1			
Full Name of Contributor			Registr	ation Num	ber, if PA	.C
Street Address	Employer/Occup	oation/Labor Organization	*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
DE CALLES						
Full Name of Contributor			Registr	ation Nur	iber, if PA	.C
Street Address	Employer/Occup	pation/Labor Organization	*			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registr	ation Nun	ber, if PA	S.C
Street Address	Employer/Occup	oation/Labor Organization	*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
				and an expension		

\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 150.00