

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Printer for Council							
Full Name of Contributor Sloane Kates						Registration Number, if PAC	
Street Address 6211 Pollard Place A.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Hilliand			State OH	Zip Code 43026	M 0	D 3	Y 11
						Amount 40	
Full Name of Contributor Kathleen Williamson						Registration Number, if PAC	
Street Address 6164 Pollard Place Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Hilliand			State OH	Zip Code 43026	M 0	D 3	Y 11
						Amount 30	
Full Name of Contributor Nicole Pugs						Registration Number, if PAC	
Street Address 3368 Nightspiring Ct			Employer/Occupation/Labor Organization* Conner Hufstein, LLP			Form (Cash, Check, etc.) check	
City Hilliand			State OH	Zip Code 43026	M 0	D 3	Y 11
						Amount 40	
Full Name of Contributor Natalie Painter						Registration Number, if PAC	
Street Address 415 Indiana Ave			Employer/Occupation/Labor Organization* Thirsty Poney			Form (Cash, Check, etc.) check	
City Sandusky			State OH	Zip Code 44870	M 0	D 3	Y 11
						Amount 50	
Full Name of Contributor Dawn Painter						Registration Number, if PAC	
Street Address 415 Indiana Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Sandusky			State OH	Zip Code 44870	M 0	D 3	Y 11
						Amount 50	
Full Name of Contributor Citizens to Elect Tim Roberts						Registration Number, if PAC	
Street Address 5307 Franklin St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Hilliand			State OH	Zip Code 43026	M 0	D 3	Y 11
						Amount 100	
Full Name of Contributor Chad Blankenship						Registration Number, if PAC	
Street Address 5216 Bigelow Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Hilliand			State OH	Zip Code 43026	M 0	D 3	Y 11
						Amount \$300	
Full Name of Contributor Tom Priddy						Registration Number, if PAC	
Street Address 3412 Smiley's Corner			Employer/Occupation/Labor Organization* Franklin Cty. Prosecutor			Form (Cash, Check, etc.) check	
City Hilliand			State OH	Zip Code 43026	M 0	D 3	Y 11
						Amount 30	

* 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)]