

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|   |  |                    |  |   |  |               |  |               |  |                |  |                          |  |
|---|--|--------------------|--|---|--|---------------|--|---------------|--|----------------|--|--------------------------|--|
| Name of Committee in Full<br><b>Friends of Ian Nickley</b>      |  |                    |  |   |  |               |  |               |  |                |  |                          |  |
| Full Name of Contributor<br><b>James Sover</b>                  |  |                    |  |   |  |               | Registration Number, if PAC              |               |  |                |  |                          |  |
| Street Address<br><b>4051 Hunting Creek Dr.</b>                 |  |                    |  | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><b>Check</b> |               |  |                |  |                          |  |
| City<br><b>Grove City</b>                                       |  | State<br><b>OH</b> |  | Zip Code<br><b>43123</b>                |  | M<br><b>0</b> |  | D<br><b>9</b> |  | Y<br><b>30</b> |  | Amount<br><b>\$100</b>   |  |
| Full Name of Contributor<br><b>Scott Elisar</b>                 |  |                    |  |   |  |               | Registration Number, if PAC              |               |  |                |  |                          |  |
| Street Address<br><b>119 South Ardmore Rd.</b>                  |  |                    |  | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><b>Check</b> |               |  |                |  |                          |  |
| City<br><b>Columbus</b>   |  | State<br><b>OH</b> |  | Zip Code<br><b>43209</b>                |  | M<br><b>1</b> |  | D<br><b>0</b> |  | Y<br><b>06</b> |  | Amount<br><b>\$50</b>    |  |
| Full Name of Contributor<br><b>William Indest</b>               |  |                    |  |   |  |               | Registration Number, if PAC              |               |  |                |  |                          |  |
| Street Address<br><b>7703 cloister Dr.</b>                      |  |                    |  | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><b>Check</b> |               |  |                |  |                          |  |
| City<br><b>Columbus</b>   |  | State<br><b>OH</b> |  | Zip Code<br><b>43235</b>                |  | M<br><b>1</b> |  | D<br><b>0</b> |  | Y<br><b>06</b> |  | Amount<br><b>\$50</b>    |  |
| Full Name of Contributor<br><b>contributions from Form 31-E</b> |  |                    |  |   |  |               | Registration Number, if PAC              |               |  |                |  |                          |  |
| Street Address  |  |                    |  | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)                 |               |  |                |  |                          |  |
| City  |  | State              |  | Zip Code                                |  | M<br><b>1</b> |  | D<br><b>0</b> |  | Y<br><b>08</b> |  | Amount<br><b>\$1,975</b> |  |
| Full Name of Contributor  |  |                    |  |   |  |               | Registration Number, if PAC              |               |  |                |  |                          |  |
| Street Address  |  |                    |  | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)                 |               |  |                |  |                          |  |
| City  |  | State              |  | Zip Code                                |  | M             |  | D             |  | Y              |  | 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             |  | Y              |  | 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             |  | Y              |  | 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             |  | 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)]