## **Statement of Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full	<del></del>	. <i>1</i>			
COMMITTEE 4 1 RUTH					
JOHN KERSHNER			Registration Num	ber, if PAC	C .
Street Address	Employer/Occupat	ion/Labor Organization*			Form (Cash Check etc.)
4887 WINCHESTER LIKE	State	Zip Code	M D		Check
Columbus	01+	43232	5 01		294,00
Full Name of Contributor  DIENN: 1.5 ANDERSON  Registration Number, if PAC					
Street Address JI 4 LAKE PARK DR	Employer/Occupat	tion/Labor Organization"			Form (Cash, Check, etc.)
City	State	Zip Code	M D		Amount
Full Name of Contributor	$OH_{-}$	43209	Registration Num		200.00
DUANE DAILEY					Form (Cash, Check, etc.)
Street Address	Employer/Occupat	tion/Labor Organization*	_		Check
City	State	Zip Code 4.3/25- 9776	M S D 1	1 4	Amount 250.00
Full Name of Contributor		10100	Registration Num	ber, if PA	
PAUL + BARD BURGER Street Address	Employer/Occupa	tion/Labor Organization*			Form (Cash, Check, etc.)
4921 DELLEN RO			Tai In	l vi	Amount
City CONTROPY	Off Off	Zip Code 4312.5	0501	14	- <del>()</del>
Full Name of Contributor			Registration Num	iber, if PA	.c
ANN RINQUETTE Street Address	Employer/Occupa	tion/Labor Organization	<u></u>		Form (Cash, Check, etc.)
3883 NUEBIXBY RD	State	Zip Code	M D	Y	Amount
CIOLUM hus	OH	432.72	0501	14	100.00
Full Name of Contributor  PAUL BLACKFORD  Registration Number, if PAC					
Street Address	Employer/Occupa	ntion/Labor Organization*			Form (Cash, Check, etc.)
CINT 2.5 BRAUN RD	State	Zip Code	M <sub>i</sub> D	Y	Amount
Full Name of Contributor	OH	43125	Registration Num	1 9 nber, if PA	200.00
Fig. Name of Controller					
Street Address	Employer/Occupa	ation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M D	Y	Amount
Full Name of Contributor			Registration Nut	nber, if Pa	\C
Street Address	Employer/Occup	ation/Labor Organization*	<u>L</u>		Form (Cash, Check, etc.)
			M D		Amount
City	State	Zíp Code		'	

Page Total S 1044.00

<sup>\*</sup> 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)]