

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Immigrant Citizens of Ohio - PAC							
Full Name of Contributor Seleshi Asfaw						Registration Number, if PAC	
Street Address 8318 Bedlington Dr			Employer/Occupation/Labor Organization* Ethiopian Tewahedo Soc Svcs			Form (Cash, Check, etc.) Cash	
City Reynoldsburg		State O H	Zip Code 43068	M 1 0	D 1 6	Y 1 0	Amount 100.00
Full Name of Contributor Nathaniel Fiamahn						Registration Number, if PAC	
Street Address 105 Barry Knoll Dr			Employer/Occupation/Labor Organization* Better World Health Care			Form (Cash, Check, etc.) Cash	
City Pataskala		State O H	Zip Code 43062	M 1 0	D 1 6	Y 1 0	Amount 100.00
Full Name of Contributor Kelechi Kalu						Registration Number, if PAC	
Street Address 230 N Oval Mall			Employer/Occupation/Labor Organization* Ohio State University			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43210	M 1 0	D 1 6	Y 1 0	Amount 50.00
Full Name of Contributor LeRoy Boikai						Registration Number, if PAC	
Street Address 374 Howland Dr			Employer/Occupation/Labor Organization* Ethiopian Tewahedo Soc Svcs			Form (Cash, Check, etc.) Cash	
City Gahanna		State O H	Zip Code 43230	M 1 0	D 1 6	Y 1 0	Amount 108.00
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 appear. [R.C. 3517.10(B)(4)]