

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full People for Shirli Billings							
Full Name of Contributor Elvah Donald					Registration Number, if PAC		
Street Address P.O. Box 516		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check		
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43054	M 1	D 1	Y 0	Amount 50.00	
Full Name of Contributor Terri & Steven Erdman					Registration Number, if PAC		
Street Address 3585 Drayton Hall South		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check		
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43054	M 1	D 1	Y 0	Amount 500.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)		
City	State OH <input checked="" type="radio"/>	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 OH <input checked="" type="radio"/>	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 OH <input checked="" type="radio"/>	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 OH <input checked="" type="radio"/>	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 OH <input checked="" type="radio"/>	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 OH <input checked="" type="radio"/>	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)]