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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

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Ashenhurst for Hilliard City Council												
Full Name of Contributor						Registration Number, if PAC						
Jill Winn								,				
Street Address	Employe	r/Occupa	ation/Labor Organization*	<u> </u>	**********	en esta francia de la constanta de la constant	constants			Form (Cash, Check, etc.)		
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Full Name of Contributor	C								AVASCANAS			
Vicki Quinn												
Street Address	Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)		
5094 Winter Creek Drive	7-7									Check		
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Grove City	O	H	43123	1 .	4	Ι.	7		9	35.00		
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treet Address Employer/Occupation/Labor Organization*										Form (Cook Chook ata)		
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									Francisco Charles			
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\* 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)]

Page Total \$ 85.00