

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Nick Amicucci						
Full Name of Contributor Melinda Doup				Registration Number, if PAC		
Street Address 1370 Great Hunter Ct.		Employer/Occupation/Labor Organization* Nurse - Diley Medical Center			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 1 3 1 5	Amount \$100.00
Full Name of Contributor Ina Fulkerson				Registration Number, if PAC		
Street Address 4677 Harrisburg Pike		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash	
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 1 6 1 5	Amount \$250.00
Full Name of Contributor Andrew Ewing				Registration Number, if PAC		
Street Address 4944 Shallowford Loop		Employer/Occupation/Labor Organization* Chief Information Security Official - State of Ohio			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 1 3 1 5	Amount \$50.00
Full Name of Contributor Nicholas Amicucci Sr.				Registration Number, if PAC		
Street Address 1370 Great Hunter Ct.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 1 3 1 5	Amount \$200.00
Full Name of Contributor Eric Braddock				Registration Number, if PAC		
Street Address 4270 Glengold Dr.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 2 2 1 5	Amount \$250.00
Full Name of Contributor Joan Ruttle - King				Registration Number, if PAC		
Street Address 100 Geneseo Rd.		Employer/Occupation/Labor Organization* Clinical Coordinator - US Army			Form (Cash, Check, etc.) Check	
City San Antonio	State TX	Zip Code 78209	M 1	D 0	Y 1 2 1 5	Amount \$75.00
Full Name of Contributor Mike Aeh				Registration Number, if PAC		
Street Address 2091 Stargrass Ave.		Employer/Occupation/Labor Organization* Lieutenant - Jackson Township Fire Department			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 0 8 1 5	Amount \$100.00
Full Name of Contributor OAPFF				Registration Number, if PAC		
Street Address 140 E. Town St. Suite 1225		Employer/Occupation/Labor Organization* OAPFF			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0 9 1 5	Amount \$750.00

* 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)]

Page Total **\$1,775.00** ✓