

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Protect Hilliard's Future									
Full Name of Contributor Pointe Apartments, LLC (alloc. P Brent Wrightsel)						Registration Number, if PAC			
Street Address 3300 Riverside Dr, Ste 100			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Upper Arlington		State O H		Zip Code 43221		M 0		D 5	
						Y 2		Amount 5,000.00	
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	
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City		State		Zip Code		M		D	
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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)]

Page Total \$ 5,000.00