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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

						lezatota (SA)	dennyantense			
Name of Committee in Full										
Cotner For Council		decomposition (				2022002000	'C D 4			
Full Name of Contributor			Registration Number, if PAC							
Committee to Elect Brad McCloud	In 1	/0	tion II all an Organization &		***************************************	W. Mariana		Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*									
52 E. Gay St.	Mayors campaign commi			<u>annamenta anti-anti-anti-anti-anti-anti-anti-anti-</u>				check		
City	Star		Zip Code	M	D		Y	Amount		
Reynoldsburg	$\perp \cup \perp$	Н	43068		3 (			. 500.00		
Full Name of Contributor Registration Number, if PAC										
Reynoldsburg Republican Club										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
8175 Priestly Dr.	political club							check		
City	Sta		Zip Code	M	D		Y	Amount		
Reynoldsburg		Н	43068	$1 \mid 0$		110	9	200.00		
	Full Name of Contributor Registration Number, if PA									
Nadine Morse										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
6623 Forrester Way	City						check			
City	Sta	te	Zip Code	М	D	1	Y	Amount		
Reynoldsburg	0	H	43068	0 9	0 :	1 (	) 9	35.00		
Full Name of Contributor				Registra	ation Nu	mber	, if PA	C		
Committee for Ron Stake										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
1080 Tiffany Drive	campaign committee							check		
City	Sta	AND DESCRIPTION OF THE PERSON	Zip Code	M	D	T	Υ	Amount		
Reynoldsburg	0	H	43068	0 9	0	1 (	) 9	43.11		
Full Name of Contributor				Registra	ation Nu	mber	, if PA	C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
City	Sta	ite	Zip Code	M	D	T	Y	Amount		
			2003			and and a				
Full Name of Contributor	C									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
City	Sta	ite	Zip Code	М	D	T	Y	Amount		
	versus era									
Full Name of Contributor				Registr	ation Nu	mber	, if PA	C		
Street Address	Employer	/Occupa	ation/Labor Organization*	<u> -                                   </u>			ONNINGA MARINE	Form (Cash, Check, etc.)		
	,									
City	Sta	ite	Zip Code	M	D	T	Y	Amount		
							[			
Full Name of Contributor Registration Number, if PA								C		
A MATERIAL CO. COMMON MATERIAL										
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)				
3.000		Employor/Ooupanomeator Organization.						(,,,,,,		
City	Sta	ite.	Zip Code	М	D		Y	Amount		
City	Julia	ac	Levih Codo	IVI				z mivant		
ensited for contributions from individuals over \$100 to statewide and see		lu oondi	datas. If contributor is salf ampl		occupat	سلس	1.1	roma of the		

\* 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 \$ 778.11