Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Fred Deskins, Jr. Republican Ward 1 Coun	cil Seat Co	mmittee	•			
Full Name of Contributor			Registration Number, if Pa	AC		
Richard Harris Foursome Fees Note: 225.00) Check, 95.	00 Cash				
Street Address 1100 Bedding court	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.) Check # 1259		
City Reynoldsburg	State OH	Zip Code 43068	0 4 D 5 1 0	Amount \$320.00		
Full Name of Contributor Registration Number, if PAC						
William Riat Donation						
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
19 Sessions Drive				Check # 196		
City Bexley	OH	Zip Code 43209	0 4 0 8 1 0	Amount \$100.00		
Full Name of Contributor Nancy Frazier Hole Sponsor						
Street Address	Employer/Occupat	ion/Labor Organization	<u> </u>	Form (Cash, Check, etc.)		
1811 Sawgrass Drive			Check # 1948			
City Reynoldsburg	State OH	Zip Code 43068	0 4 0 9 1 0	Amount \$100.00		
Full Name of Contributor Paul Adams Donation Registration Number, if PAC						
Street Address	ion/Labor Organization*		Form (Cash, Check, etc.)			
460 Hunt Valley Drive				Check # 6388		
City Reynoldsbur	State OH	Zip Code 43068	0 4 0 5 1 0	Amount \$25.00		
Full Name of Contributor Tiberi For Congress Donation		Registration Number, if PAC Check # 2962				
Street Address	Employer/Occupat		Form (Cash, Check, etc.)			
2021 E. Dublin Grandville Road				Check # 2962		
City Columbus	State OH	Zip Code 43229	$\begin{bmatrix} 0 & 1 & 0 & 1 \end{bmatrix} \begin{bmatrix} 0 & 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 0 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 \\ 0 & $	Amount \$100.00		
Full Name of Contributor John Hargrove Donation Registration Number, if F						
Street Address	Employer/Occupat	tion/Labor Organization	-	Form (Cash, Check, etc.)		
13111 Summerfield Way				Check # 7472		
City Pickerington	State OH	Zip Code 43147	0 3 0 7 1 0	Amount \$5 0.00		
Full Name of Contributor	h 5 00		Registration Number, if P	AC		
Frank Peck Golfer Fees, Check 75.00, Cas			<u> </u>	Form (Cash, Check, etc.)		
487 Fallriver Drive		tion/Labor Organization		Check # 1797		
City Reynoldsburg	State OH	Zip Code 43068	0 4 1 3 1 0	Amount \$80.00		
Full Name of Contributor Fred Deskins, Jr. Golfer Fees						
Street Address 6625 Schenk Avenue	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check # 2474		
City Reynoldsburg	State OH	Zip Code 43068	M D Y O 3 1 0	Amount \$80.00		

Page Total \$855.00

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)]