Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Torry, Royal for Cabool Roard Committee									
Terry Boyd for School Board Committee	26			In.	7		:cn:		
Nationwide Insurance Better Citizenship Fund					Registration Number, if PAC OH259				
Street Address	Employer/Occupation/Labor Organization					2,77		Form (Cash, Cl	heck etc.)
One Nationwide Plaza 1-32-06	2							Form (Cash, Check, etc.) Check	
City	S+-	ate	Zip Code	Гм	,	D	ΙΥ	Amount	
Columbus	loï	H	43215		0	_	_		2,500.00
Full Name of Contributor	101140210							4	2,000.00
Full Name of Contributor I.B.E.W C.O.P.E.									
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Cl	heck etc.)
23 West Second Avenue								Check	,
City	Sta	ate	Zip Code	М	<u> </u>	D	Y	Amount	-
Columbus	0	Н	43201			2 6			600.00
Full Name of Contributor	10		10201				ber, if PA	VC .	- 000.00
Partnering A Lifestyle, Inc.									
Street Address	Employer/Occupation/Labor Organization						_	Form (Cash, Ch	neck, etc.)
P.O. Box 71		in post of the same of the sam						Check	,
City	Sta	ite	Zip Code	М	1	Ð	Т <u>ү</u> Т	Amount	
Groveport		H	43215		1	0 2	4		100.00
Full Name of Contributor	1 –		10210		_		ber, if PA	C	100.00
Josephine Hamilton									
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)			eck, etc.)
454 Springwood Lake Drive								Check	
City	Stz	ite	Zip Code	М		D	Y	Amount	
Gahanna	loi	Н	43230	1	11	019	017		75.00
Full Name of Contributor							ber, if PA	.C	
Stephen L. McIntosh and Sara A. McIntosh									
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Ch	eck, etc.)
799 Nob Hill Drive, W								Check	
City	Sta	ite	Zip Code	М		Ð	Y	Amount	
Gahanna	101	Н	43230	1	1	019	017		100.00
Full Name of Contributor	<u> </u>		 -				ber, if PA	C	
Debora R. Myles									
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Cl	eck, etc.)
3053 Dunlavin Way	ŀ							Check	
City	Stz	ite	Zip Code	М		D	Y	Amount	
Dublin	01	Н	43017	1	0	212	0 7		100.00
Full Name of Contributor Registration Number, if P									
Street Address	Employer/Occupation/Labor Organization						•	Form (Cash, Cl	neck, etc.)
City	Sta	ite	Zip Code	М	ľ	D	Y	Amount	
							1		
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Ch	eck, etc.)
								<u> </u>	
City	Sta	ite	Zip Code	М		D	Y	Amount	
* Required for contributions over \$100 to statewide and general assembly	v candidate	. If cont	-hutes is self-ampleyed, occur	stion r	ather	than em	nlasee ch	ould be listed	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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)