Statement of Contributions Received

Page 1

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Victoria Newel	I				
Full Name of Contributor Mike Keenan			Registration Number, if P.	AC	
Street Address 7103 Coventry Woods Blvd	Employer/Occupation/Labor Organization* Keenan Agency			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	1 1 0 5 1 7	Amount \$150.00	
Full Name of Contributor Cathy Boring			Registration Number, if P.	AC	
Street Address 915 Picardy Ct	Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash	
City Dublin	State OH	Zip Code 43017	1 0 1 0 1 7	Amount \$25.00	
Full Name of Contributor Chris Cline				Registration Number, if PAC	
Street Address 6060 Post Rd		ipation/Labor Organization* d, Haines, Kessler, I	Meyers & Postalakis	Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43027	1 0 1 7 1 7	Amount \$100.00	
Full Name of Contributor Marillee Chinnici-Zuerker			Registration Number, if P.	AC	
Street Address 6043 Glenbarr Place	Employer/Occu Retired	pation/Labor Organization*	-	Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	1 0 1 7 1 7	Amount \$150.00	
Full Name of Contributor Warren Fishman			Registration Number, if P	AC	
Street Address 8577 Turnberry Ct	Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	1 1 0 6 1 7	Amount \$150.00	
Full Name of Contributor Tony Schorr			Registration Number, if P	AC	
Street Address 1021 Shale Run Dr.	Employer/Occupation/Labor Organization* Schorr Architects, Inc.			Form (Cash, Check, etc.) Check	
City Delaware	State OH	Zip Code 43015	1 1 0 8 1 7	Amount \$150.00	
Full Name of Contributor Registr Victoria Newell			Registration Number, if P	AC	
Street Address 6864 Fallen Timbers Dr	Employer/Occupation/Labor Organization* Schorr Architects, Inc			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M D Y 1 1 7	Amount \$160.00	
Full Name of Contributor Victoria Newell			Registration Number, if P	AC	
Street Address 6864 Fallen Timbers Dr		pation/Labor Organization* chitects, Inc		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M D Y 1 1 1 0 2 1 7	Amount \$1,440.00	

^{*} 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)]