

AMENDED - 2014 - POST-PRIMARY
Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full GONZALES FOR Judge									
Full Name of Contributor Thomas P. Pappas						Registration Number, if PAC			
Street Address 66 EAST Lynn Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 05		D 23	
						Y 14		Amount 300⁰⁰	
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	
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	
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Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **300**