Statement of Contributions Received

Page 2____

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Nadia Long	<u></u>			
Full Name of Contributor Nadia Long			Registration Number, if PAC N/A	
Streer Address 859 Claytonbend Drive	Employer/Occupation/Labor Organization		<u> </u>	Form (Cash, Check, etc.) Check
City Galloway	State OH	Zip Code 43119	M D Y D 7 D 7 D 7 D 7 D 7 D 7 D 7 D 9 D 7 D	Amount \$500.00
Full Name of Contributor Nadia Long			Registration Number, if I N/A	PAC
Street Address 859 Claytonbend Drive	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
^{City} Galloway	Staje OH	Zip Code 43119	0 7 1 8 1 5	Amount \$500.00
Full Name of Contributor Shannon Hopp			Registration Number, if PAC N/A	
Street Address 6047 Carmell Drive	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 45750	0 8 1 3 1 5	Amount \$100.00
Full Name of Contributor Rebecca Kennedy			Registration Number, if i	
Street Address 646 Aldengate Drive	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
^{City} Galloway	Stațe OH	Zip Code 43119	M D Y 0 8 1 3 1 5	Amount \$50.00
Full Name of Contributor Joseph Erb			Registration Number, if I	
Street Address 3293 Scioto Farms Drive	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	Stație OH	Zip Code 43026	0 ^M 8 1 8 1 5	Amount \$50.00
Full Name of Contributor Sandra Glasner			Registration Number, if PAC N/A	
Street Address 6300 Thorncrest Drive	Employer/Occo	pation/Labor Organization	-	Form (Cash, Check, etc.) Check
^{City} Galloway	State OH	Zip Code 43119	M D Y D 8 1 8 1 5	4 '
Full Name of Contributor Timothy Connett			Registration Number, if N/A	PAC
Street Address 187 South Sylvan Avenue	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43204	M D Y 0 8 1 8 1 5	
Full Name of Contributor Nadia Long			Registration Number, if N/A	PAC
Street Address 859 Claytonbend Drive	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Galloway	State OH	Zip Code 43119	0 8 2 8 1 5	Amount \$2,250.00

Page Total \$3,550.00

^{*} 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)]