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## Statement of Contributions Received 1: 54

Prescribed by Secretary of State 8/95

FRANKLIN COUNTY BOARD OF ELECTIONS

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| Name of Committee in Full U A Homeowners for New Jobs, PAC  |   |  |                             |  |  |  |   |                          |  |  |
| T. H.N C  |   |  |                             | Reg                                      | ietrati                                      | on Num   | her if  | PAC                      |  |  |
| Full Name of Contributor  SEE EXCEL SPREADS  Street Address | HEE                                     | T A  | TACHED                      | I Cg                                     | isuau  | OH I VOID  | DC1, 11 1   |                          |  |  |
| Street Address  | Employe                                 | r/Occupati   | on/Labor Organization*      | -Basesson                                | <u> </u>                                     |  |   | Form (Cash, Check, etc.) |  |  |
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| Street Address  | Employe                                 | r/Occupati   | gion/Labor Organization*    |  | 6-947-00-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9 |  |   | Form (Cash, Check, etc.) |  |  |
| Succi Addiess   | Employer/Occupation/Labor Organization* |  |                             |  |  |  | ,   |                          |  |  |
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| Full Name of Contributor                                    |   |  |                             | Reg                                      | istrati                                      | ion Nun  | ber, if   | PAC                      |  |  |
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| Street Address  | Employe                                 | r/Occupati   | ion/Labor Organization*     |  |  |  |   | Form (Cash, Check, etc.) |  |  |
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| Full Name of Contributor                                    |   |  |                             |  |  | Registration Number, if PAC  |   |                          |  |  |
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| Street Address  | Employe                                 | er/Occupat   | ion/Labor Organization*     |  |  |  |   | Form (Cash, Check, etc.) |  |  |
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| Full Name of Contributor                                    |   |  |                             |  |  | Registration Number, if PAC  |   |                          |  |  |
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| Street Address  | Employer/Occupation/Labor Organization* |  |                             |  |  |  | Form (Cash, Check, etc.)  |                          |  |  |
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\*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 donate 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)

Page Total \$ <u>43 43</u> 43