Statement of Contributions Received

Prescribed by Secretary of State 3/05

	<u>.</u>		
Name of Committee in Full			
Olmstead for Trustee			
Full Name of Contributor		Registration Number, if PAC	
Victor Goodman			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
7482 King George Dr.			Check
City	State Zip Code	M D Y	Amount
New Albany	O H 43054	1 0 1 2 0 9	\$ 150.00
Full Name of Contributor		Registration Number, if PAC	
Lisa Purvis-Hinson			
Street Address	Employer/Occupation/Labor Organization	·	Form (Cash, Check, etc.)
7518 Ogden Woods Blvd			Check
City	State Zip Code	M D Y	Amount
New Albany	O H 43054	101209	\$ 100.00
Full Name of Contributor		Registration Number, if PAC	
C. Charleen Hinson			
Street Address	Employer/Occupation/Labor Organization*	×	Form (Cash, Check, etc.)
4520 Kitzmiller Rd			Check
City	State Zip Code	M D Y	Ámount
New Albany	O H 43054	1 0 1 3 0 9	\$ 100.00
Full Name of Contributor		Registration Number, if PAC	
Richard Weiner			
Street Address	Employer/Occupation/Labor Organization'	×	Form (Cash, Check, etc.)
7414 Milton Ct			Check
7414 MIIION Ct	State Zip Code	M D Y	Amount
New Albany	O H 43054	101809	\$ 500.00
Full Name of Contributor		Registration Number, if PAC	
David Ryan			
Street Address	Employer/Occupation/Labor Organization	×	Form (Cash, Check, etc.)
			Check
8930 Colony Dr City	State Zip Code	M D Y	Amount
	F L 34108	1 0 1 5 0 9	\$ 500.00
Naples Full Name of Contributor		Registration Number, it PAC	
Late Martie of Contributor			
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* 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 appear. [R.C. 3517.10(B)(4)]

Page Total\$	1,350.00