## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full	por a series	30311 2					
Full Name of Contributor				Registration Number, if PAC			
UNITEDHEALTHCARE SERV	ices, .	<b>上</b> ル e			********************************		
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, Check, etc.)	
P.O. BOX 1459 MN005-N100	HE	ALTH INSURA	NCE	<del>,</del>		CHECK	ĺ
MINNEAPOLIS	State	Zip Code 55440 - 1459	1 M	$\cup$		Amount 1,500.00	
Full Name of Contributor			Registrat	ion Numb	oer, if PA	Č	
BRIAN GOFF		and the state of t				Francisco Charle ato	
Street Address 2048 QUAIL RIDGE ST	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)  CASH	18
COLUMBUS	State OH	Zip Code 43229	09	D 1 9		Amount 10,00	9/1
Full Name of Contributor NANCY KEISTER			Registrat	ion Numb	er, If PA	C	Martine
Street Address 217 SAINT ANTOINE ST	Employer/Occupa	ation/Labor Organization	······································			Form (Cash, Check, etc.) こH巨口に	
City WORTHINGTON	State OH	Zip Code 43085-2244	Mg 9	2 3	0 8	Amount S <i>O</i> .00	
Full Name of Contributor Go DAVID LINDIMORE			Registrat	ion Numb	ber, if PA	C	A CONTRACTOR AND A CONT
Street Address 8256 SNEAD WAY	Employer/Occupa	ation/Labor Organization*	- Bernard Control			Form (Cash, Check, etc.) これぎこに	
CITY WESTERVILLE	State OH	Zip Code 43082-8066	м 09	D 24	¥ (ک	Amount Q00,00	Marine Company
Full Name of Contributor  MICHAEL E. HOOPE	R		Registrat	ion Numl	ber, if PA	XC	
Street Address 2452 MECCA RD	Employer/Occup	ation/Labor Organization				Form (Cash, Check, etc.)	
COLUMBUS	State	Zip Code 43224	09	D 53 S	O S	Amount S0,00	39
Full Name of Contributor  BAKER HOSTETLER			Registrat	tion Num	ber, if P/	NC .	
Street Address 65 E. STATE ST, STE 101		ation/Labor Organization* RNEVS	Tales and the second se			Form (Cash, Check, etc.)	10
City COLUMBUS	State OH	Zip Code 43215	M 1 0	D 09	08 0	Amouni 1, 000.00	10
Pull Name of Contributor			Registra	tion Num	ber, if P	\C	
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Check, etc.)	Selection and the selection of the selec
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if P	AC	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	reaconstruction of the second
City	State OH	Zip Code	M	D	Y	Amount	

Page Total \$ 2810,00

<sup>\*</sup>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)]