Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Families for Bishoff							
Full Name of Contributor				Registra	tion Nun	ber, if PA	.C
Molly Peters			t			,	
Street Address	Employer/0	Эссира	tion/Labór Organization*				Form (Cash, Check, etc.)
2491 Kemperwood Drive			I				check
City	State		Zip Code	М	D	Y	Amount
Blacklick	0	Н	43004	1 1	I .	1 1	50.00
Full Name of Contributor			13001		_	ber, if PA	
Amy Gauthier						,	
Street Address	Employer/0)ccupa	tion/Labor Organization*				Form (Cash, Check, etc.)
7451 Welbley Street			;				check
City	State		Zip Code	М	D	Y	Amount
Blacklick	lol	H	43004	111	2 1	1111	10.00
Full Name of Contributor	1 -					ber, if PA	
Maureen Emoff							
Street Address	Employer/0	Эесира	tion/Labor Organization*				Form (Cash, Check, etc.)
1123 Sleeping Meadow Drive			;				check
City	State	;	Zip Code	М	D	Y	Amount
New Albany	lol	Н	43054	1 2	015	1 1	50.00
Full Name of Contributor						nber, if PA	(C
Mike Fritz							
Street Address	Employer/9	Эссира	ation/Labor Organization*				Form (Cash, Check, etc.)
871 Poppy Hills Dr							check
City	State	÷	Zip Code	М	D	Y	Amount
Blacklick	0 1	Н	43004	1 2	015	1 1	100.00
Full Name of Contributor				Registra	ition Nun	iber, if PA	IC .
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
					,		
City	State	3	Zip Code	M _.	D	Y	Amount
							<u>L</u>
Full Name of Contributor				Registra	ation Nun	nber, if PA	/C
				_		**	
Street Address	Employer/	Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
					,——-	- ₁	
City	State	e	Zip Code	M	D	Y	Amount
			<u> </u>				
Full Name of Contributor			į	Registra	ation Nun	nber, if PA	VC .
							T- (0) (0)
Street Address	Employer/	Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)
	ļ		<u> </u>			T ::-	
City	State	e e	Zip Code	М	D	Y	Amount
				ID i - t -		icn/	NC.
Full Name of Contributor Registration Number, if PAC							
C. All	In		ution# abov Organization*				Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*				rostii (Casii, Cheek, etc.)		
0.	6		Zin Code	М	D	ΤΥ	Amount
City	Stat	U	Zip Code	IMI	١		ZANQUA
Provided for contributions from individuals over \$100 to statewide and gen	1		1 16]	1 1	

* 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 \$	210.00