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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
People for Page								
ull Name of Contributor			Registra	Registration Number, if PAC				
Helen Hancock								
Street Address	Employer/Occu	pation/Labor Organization	•			Form (Cash, Check, etc.)		
6338 Sampras Ace Court	Fliaht	Affendant Zip Code				Credit Card		
City	State	Zip Code	М	D	Y	Amount		
Spring	T   X	77379	112	1111	1 5	47.94		
Full Name of Contributor		<u> </u>		ation Nun		<u> </u>		
Sean Mentel								
Street Address	Employer/Occi	pation/Labor Organization	. —			Form (Cash, Check, etc.)		
1824 Collingswood Road	Attorn							
City	State	Žip Code	М	D	ΙΥ	Amount		
	OH	I -		1 1				
Columbus Full Name of Contributor	10111	] 43221		1 1 1 1 ation Nurr	1 5			
•			Registia	ation Nut	iber, ii Pz	AC .		
Roy Murray	16 1 10					Fr. (0.1.0)		
Street Address		pation/Labor Organization	•			Form (Cash, Check, etc.)		
5422 Brian Haven Drive		al Estate						
City	State	Zip Code	M	D	Y	Amount		
Houston	T   X	77091	1 2	1 1	1 5	19.12		
Full Name of Contributor			Registra	ation Nun	iber, if Pa	AC		
Street Address	Employer/Occu	ipation/Labor Organization*	•			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
				į	1			
Full Name of Contributor			Registra	ation Nun	ber, if Pa	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
						i		
City	State	Zip Code	М	D	Y	Amount		
		1						
Full Name of Contributor	<u> </u>		Registra	ation Nun	tber, if Pa	AC .		
Street Address	pation/Labor Organization	<del>, '</del>			Form (Cash, Check, etc.)			
		-						
City	State	Zip Code	М	D	Y	Amount		
		1						
Full Name of Contributor	!		Registra	ation Num	her if Pa	AC.		
					Registration Number, if PAC			
Street Address	Employer/Occi	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
Succe reduces	Employerrocce	panon/caoor Organization				t offit (Casil, Check, etc.)		
City	State	Zip Code	М	D	Υ	Amount		
Chy	Jac	Zip Code	"		'	/tinount		
Full Name of Contributor			Di-t-	ation Nun	:en	<u> </u>		
run Name of Contributor			Registr	апоп мип	iber, if i'a	AC .		
Sanga Address	E					C (C-1 C' 1 : )		
Street Address	temployer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
c:		la o	1	T ==				
City	State	Zip Code	M <sub>1</sub>	D	Y	Amount		
				1		<u></u>		

\* 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 \$	552.26	