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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends for Paul Bingle Full Name of Contributor		<del> </del>	Davister	tion M	her :fn.	C		
		Registration Number, if PAC						
Paul Bingle	Employer/Occupation/Labor Organization*					Form (Cash, Chec	lk ata	
Street Address					, ,	x, etc.)		
408 E Schreyer Pl	Earth Sh	T 1/4	LB	1 17	Check	<del></del>		
City	State O   H	Zip Code	M	D	Y	Amount	100.00	
Columbus Full Name of Contributor	OH	43214	0 4		0 7 ber, if PA		100.00	
			Kegisua	tion Num	ber, ii PA	.c		
Paul Bingle	Te 1 6	<u> </u>			Form (Cash, Chec	it ata \		
Street Address	Employer/Occupa				, ,	K, etc.)		
408 E Schreyer Pl	Earth Sh				Check			
City	State	Zip Code	M	D	Y	Amount	E0.00	
Columbus	O H	43214		1 6			50.00	
Il Name of Contributor Registration Number, if PAC								
Paul Bingle	<b>T</b>					T (0 1 01	1	
Street Address	1	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
408 E Schreyer Pl	Earth Sh	1	T ===	1	Check			
City	State	Zip Code	M	D	Y	Amount	<b>"</b> 0.00	
Columbus	O H	43214	0 5		0 7	<u></u>	50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C.		
Linda Paul	T		_L			E (0.1.0)		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	ck, etc.)	
408 E Schreyer Pl	Earth Sh	1	<del></del>	T:-	Check			
City	State	Zip Code	M	D	Y	Amount	20.00	
Columbus	OH	43214			0 7		30.00	
Full Name of Contributor Registration Number, if PAC								
Paul Bingle	Employer/Occupation/Labor Organization*					7 (0 1 6		
Street Address					Form (Cash, Chec	ck, etc.)		
408 E Schreyer Pl	Earth Sh		T =		Check	<del> </del>		
City	State	Zip Code	M	D	Y	Amount	<b>=</b> 0.00	
Columbus	O H	43214	0 6				50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Paul Bingle				Form (Cash, Check, etc.)				
Street Address	Employer/Occupation/Labor Organization* Earth Share of Ohio						ck, etc.)	
408 E Schreyer Pl			T =	T	Check	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Code	M	D	Y	Amount	=0.00	
Columbus	OH	43214			0 7		50.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	C		
Linda Paul			<u> </u>				,	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
408 E Schreyer Pl	Earth Share of Ohio					Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O   H	43214	06		0 7	<u> </u>	30.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .		
Linda Paul								
Street Address	Employer/Occupa				Form (Cash, Check, etc.)			
408 E Schreyer Pl	Earth Sh				Check			
City	State	М	D	Y	Amount			
Columbus	OH	43214	0 7	0 5			30.00	
agrical for contributions from individuals over \$100 to statewide and gen	and assembly andi	datas. If contributor is salf amo	loved the	oounatio	a and the	name of the		

Page Total \$ 390.00

<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 appear. [R.C. 3517.10(B)(4)]