

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Bobbie Mershon for Council									
Full Name of Contributor Patrick Shea						Registration Number, if PAC			
Street Address 6549 Hilliard Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Canal Winchester		State O H		Zip Code 43110		M 1		D 0	
						Y 9		Amount 25.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
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City		State		Zip Code		M		D	
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						Y		Amount	
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Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	

* 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 \$ 25.00