

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CONISON FOR COUNCIL</b>							
Full Name of Contributor <b>MEL AND CAROL YUDOFKY</b>						Registration Number, if PAC	
Street Address <b>2006 NEW BEDFORD DRIVE</b>			Employer/Occupation/Labor Organization* <b>RETIRED</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>SUN CITY</b>		State <b>FL</b>	Zip Code <b>33573</b>	M <b>0</b>	D <b>4</b>	Y <b>2 8 1 1</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>JOE KNAPIK</b>						Registration Number, if PAC	
Street Address <b>936 KARL STREET</b>			Employer/Occupation/Labor Organization* <b>RETIRED</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>WHITEHALL</b>		State <b>OH</b>	Zip Code <b>43227</b>	M <b>0</b>	D <b>5</b>	Y <b>2 0 1 1</b>	Amount <b>\$15.00</b>
Full Name of Contributor <b>BLANCHE DUNN</b>						Registration Number, if PAC	
Street Address <b>965 KARL STREET</b>			Employer/Occupation/Labor Organization* <b>RETIRED</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>WHITEHALL</b>		State <b>OH</b>	Zip Code <b>43227</b>	M <b>0</b>	D <b>5</b>	Y <b>2 3 1 1</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>FLORENCE KARPOWICZ</b>						Registration Number, if PAC	
Street Address <b>984 KARL STREET</b>			Employer/Occupation/Labor Organization* <b>RETIRED</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>WHITEHALL</b>		State <b>OH</b>	Zip Code <b>43227</b>	M <b>0</b>	D <b>5</b>	Y <b>2 3 1 1</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>EARL AND PATTY HASSLER</b>						Registration Number, if PAC	
Street Address <b>983 KARL STREET</b>			Employer/Occupation/Labor Organization* <b>RETIRED</b>			Form (Cash, Check, etc.) <b>CASH</b>	
City <b>WHITEHALL</b>		State <b>OH</b>	Zip Code <b>43227</b>	M <b>0</b>	D <b>5</b>	Y <b>2 6 1 1</b>	Amount <b>\$50.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$640.00**