

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Jim Hunter							
Full Name of Contributor Linda K. Manley						Registration Number, if PAC	
Street Address 4405 Olentangy Boulevard			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Columbus OH 43214-3053			State		Zip Code	M 0	D 4
						Y 1	Amount 50.00
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
						Y	Amount
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City			State		Zip Code	M	D
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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

* 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 \$ **50.00**