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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Dr. Anahi Ortiz							
Full Name of Contributor			Daviden	ation Nun	aber if D	A.C.	
Contributions from 31-E			Kegisti	ation 14th	aloci, ii i	nc .	
	Jr	ia -t Oiit				Form (Cash, Check, etc.)	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				ronn (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
J,		S.F. STAT		1 1		1,145.00	
Full Name of Contributor	Registr	Registration Number, if PAC					
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor	<u> </u>	<u>'</u>	Registr	ation Nun	nber, if P.	AC	
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Street Address	Employer/Occi				Form (Cash, Check, etc.)		
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Full Name of Contributor	1 !		Registr	ation Nun	nber, if P.	AC	
Registration Function							
Street Address	Employer/Occ	upation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	Ð	Y	Amount	
_							
Full Name of Contributor	<u>'.</u>		Registr	ation Num	nber, if P	AC	
Turi Valle of Controllor							
Street Address Employer/Occupation Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor Registration Number, if PA						AC	
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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La Company Com	<u> </u>	10	1 1 1		1 1/1		

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 \$ 1.145.00