

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Natalie West-Nicodemus for Fiscal Officer									
Full Name of Contributor First Federal Credit Union						Registration Number, if PAC			
Street Address 100 Main Street			Employer/Occupation/Labor Organization* bank			Form (Cash, Check, etc.) deposit			
City Groveport			State OH	Zip Code 43125		M 	D 	Y 	Amount 215.91
Full Name of Contributor Natalie Nicodemus						Registration Number, if PAC			
Street Address 7983 Windrift Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Reynoldsburg			State OH	Zip Code 43068		M 0	D 7	Y 17	Amount 10.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State OH	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 OH	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 OH	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 OH	Zip Code		M 	D 	Y 	Amount
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Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State OH	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)]