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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Friends for Paul Bingle									
ull Name of Contributor					Registration Number, if PAC				
Susan Barrett									
Street Address	Employer				Form (Cash, Check, etc.)				
3949 Wynding Dr	Dub				Check				
City	Sta	ite	Zip Code	M	D	Y	Amount		
Columbus	0	Н	43214	0 7	2 6	0 7		100.00	
ull Name of Contributor Registration Number, if PAC									
Paul Bingle									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
408 E Schreyer Pl	Eart				Check				
City	Sta		Zip Code	M	D	Y	Amount		
Columbus	101	Н	43214	0 8	0 1	0 7		100.00	
Full Name of Contributor						ber, if PA	Ċ		
Linda Paul									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)	
408 E Schreyer Pl	1	-	<del>-</del>				Check		
City	Earth Share of Ohio State   Zip Code			MDY			Amount		
Columbus		Н	43214		0 7	1		30.00	
Full Name of Contributor			40214			ber, if PA	C	50.00	
				i cogisti.		,	.0		
Byrl Shoemaker	Employe	r/Occupa	tion/Lohor Organization*	Щ.			Form (Cash, Che	ck etc.)	
Street Address	Employer/Occupation/Labor Organization* Retired						Check		
92 Ceramic Dr		IM D Y			Amount	·			
City	Sta	H	Zip Code	1		1	1	10.00	
Columbus	0	11	43214	0 8				10.00	
Full Name of Contributor Registration Number, if PAC									
Robert Reuter	·			<u> </u>			T (0 1 6	1 .	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
14430 Indian Creek		anufacturing				Check			
City	1 .	ate	Zip Code	M	D	Y	Amount	400.00	
Independence	0	H	44130		2 2			100.00	
Full Name of Contributor				Registra	ation Nurr	ber, if PA	AC .		
Roberta Paul									
Street Address	Employer/Occupation/Labor Organization*				_,,,		Form (Cash, Check, etc.)		
2461 Dover Center Rd	Pio	Mfg				Check			
City			Zip Code	M	D	Y	Amount		
Westlake	0	Н	44145	0 8	2 3	0 7		25.00	
Full Name of Contributor	Regis				ation Nun	iber, if PA	AC .		
Heidi Paul				1					
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1055 Nicholson Ave	Magnificat High School						Check		
City		ate	Zip Code	M	D	Y	Amount		
Lakewood	lo	Н	44107	018	2 6	0 7	1	100.00	
Full Name of Contributor	<u>, ~ </u>		·			aber, if PA	AC .		
Paul Bingle									
Street Address	Employer/Occupation/Labor Organization* For						Form (Cash, Che	eck, etc.)	
	Earth Share of Ohio						Check	, ,	
408 E Schreyer Pl	State Zip Code				D	ΙΥ	Amount		
City	I	ate H	43214	M	1 .	1 .	. micount	100.00	
Columbus	10			0 8				100.00	

\* 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 \$ 565.00