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| Page | |
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | MOSTANIS O KORSKA KANAMA | | |
|--|---------------|---|--------------------------|--------------------------|--------------------------|--|--|
| Cotner For Council | | | | | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | ıC. | |
| Citizens for Stephanie McCloud | | | 1 Cogistio | On I WIII | | • | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| 14 E. Gay St., 2nd floor | 1 | campaign committee | | | | check | |
| City | | State Zip Code | | | Y | Amount | |
| Columbus | OH | | 10 | D 2 6 | 0 9 | 350.00 | |
| Full Name of Contributor | | | | | iber, if PA | | |
| | | | | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | М | D | ΙΥ | Amount | |
| City | June | Zip code | l W | | 1 | 0.00 | |
| Full Name of Contributor | | | Registra | ation Nun | nber if PA | Accesses the second | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | 0.00 | |
| Full Name of Contributor | | | Registra | ation Nun | nber, if P | A | |
| | | | | | | | |
| Street Address | Employer/Occi | upation/Labor Organization* | | Form (Cash, Check, etc.) | | | |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | Registr | ation Nur | nber, if Pa | AC | |
| Street Address | Employer/Occi | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | М | D | Y | Amount | |
| | | • | | | | | |
| Full Name of Contributor | AC | | | | | | |
| | | | | | | | |
| Street Address | Employer/Occi | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor Registration Number, | | | | | | AC | |
| Street Address | Employer/Occ | upation/Labor Organization* | Form (Cash, Check, etc.) | | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor Registration Number, if F | | | | | AC | | |
| Street Address | Employer/Occ | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | | | | | |

Page Total \$ 350.00

^{*} 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)]