## **Statement of Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Leah Turner				
Full Name of Contributor Jeff Miller for Commissioner Committee			Registration Number, if PAC	
Street Address 18 East Columbus Street	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.) check
City Canal Winchester,	State OH	Zip Code 43110	0 9 0 1 0 9	Amount \$337.65
Full Name of Contributor Registration Number, if P.  M. J. Pohorilla				AC
Street Address 6194 Mistover Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Canal Winchester,	State OH	Zip Code 43110	0 9 2 2 0 9	Amount \$50.00
ull Name of Contributor  Harold Schacht  Registration Number, if I			AC	
Street Address 5681 Rager Road	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.) check
City Canal Winchester,	State OH	Zip Code 43110	0 9 2 2 0 9	Amount \$50.00
Full Name of Contributor Registration Number, if PAC  Earl and Onnolee Kantner				
Street Address 210 Woodsview Drive	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.) check
City Canal Winchester,	State OH	Zip Code 43110	0 9 2 4 0 9	Amount \$100.00
Full Name of Contributor  Hussein and Anita Albaghli  Registration Number, if PAC				
Street Address 6558 Buckner Street	Employer/Occupat	tion/Labor Organization*	en el trata de la companya de la co	Form (Cash, Check, etc.)
City Canal Winchester,	State OH	Zip Code 43110	0 <sup>M</sup> 9 2 8 0 9	Amount \$50.00
Full Name of Contributor Russell and Rosemary Stiteler Russell and Rosemary Stiteler				AC
Street Address 90 East Columbus Street	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check
<sup>City</sup> Canal Winchester,	State OH	Zip Code 43110	0 9 2 9 0 9	Amount \$200.00
ull Name of Contributor Registration Number, if P.  Vernon Pierce				AC
Street Address 439 Gender Road	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check
<sup>City</sup> Canal Winchester,	State OH	Zip Code 43110	0 9 2 9 0 9	Amount \$50.00
Full Name of Contributor Registration Number, if PAC				AC
Street Address	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	MDY	Amount

Page Total \$837.65

<sup>\*</sup> 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)]