

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Kathryn Hille for City Council</b>											
Full Name of Contributor <b>Philip Lauderdale</b>						Registration Number, if PAC					
Street Address <b>752 West End Ave., Apt. 5a</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CrowdPAC(online)				
City <b>New York</b>		State <b>NY</b>	Zip Code <b>10025</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Y <b>0</b>	Y <b>1</b>	Y <b>7</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Leslie Hoerig</b>						Registration Number, if PAC					
Street Address <b>141 S. Cypress Ave.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CrowdPAC(online)				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43222</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Y <b>3</b>	Y <b>1</b>	Y <b>7</b>	Amount <b>\$27.00</b>
Full Name of Contributor <b>Nora Balduff</b>						Registration Number, if PAC					
Street Address <b>404 Lenape Ave.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CrowdPAC(online)				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Y <b>3</b>	Y <b>1</b>	Y <b>7</b>	Amount <b>\$27.00</b>
Full Name of Contributor <b>Amy Planchet</b>						Registration Number, if PAC					
Street Address <b>1374 Summit Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CrowdPAC(online)				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43202</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Y <b>0</b>	Y <b>1</b>	Y <b>7</b>	Amount <b>\$27.00</b>
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	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)]