

FOR PAPER FILING ONLY

Statement of Contributions Received

Page 2

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Nadia Long							
Full Name of Contributor Nadia Long					Registration Number, if PAC N/A		
Street Address 859 Claytonbend Drive		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) Cash		
City Galloway	State OH	Zip Code 43119	M 0	D 1	Y 2	Amount \$156.00	
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	
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Full Name of Contributor					Registration Number, if PAC		
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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	

* 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)]

Page Total **\$156.00**