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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Anthony Paletta			T			_	
Full Name of Contributor		•	Registra	tion Num	ber, if PA	С	
Brad M Horn		_ .					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
5444 Olentangy Blvd					,	Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43214	0 8	219	115		250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Debra J Sohovich							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck. etc.)
219 W Kanawha Ave						Check	_
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43214	018	3 0	1 5		30.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
John O'Keeffe			1				
Street Address	Employer/Occup	ation/Labor Organization*	•			Form (Cash. Ch	eck. etc.)
6784 Josyln Place						Check	
City	State	Zip Code	M	D	Y	Amount	
Worthington	OH	43085	1018	310	115		100.00
Full Name of Contributor					ber. if PA	.c	
Anthony DiMarco							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash. Ch	eck. etc.)
181 Westview Ave		-				Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	ОІН	43214	018	310	115		50.00
Full Name of Contributor	101	10411			ber. if PA	Ċ	30.00
Johanna Corbin							
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
223 E Beaumont Rd	Employer/Occupations Labor Organization		Check				
City	State	Zip Code	Тм	D	Y	Amount	
Columbus	OIH	43214		310	1		30.00
Full Name of Contributor	10111	13211			ber, if PA	<u> </u>	50.00
Danny R Walters			incesso.	idon i vaii	L C(
Street Address	Employer/Occup	nation/Labor Organization*				Form (Cash, Ch	eck etc.)
5250 Riverside Dr	Employerroccup	odostrator Organization				Check	•••••
City	State	Zip Code	M	D	Y	Amount	
	ОТН	43214			115		25.00
Columbus Full Name of Contributor	1011	1 43214			ber, if PA		23.00
			VCEISO	iion iyun	DC1. 11 1 A	C	
Linda Alaimo Street Address	FInvestOnesse	arian (Labor Organization)				Form (Cash, Che	not: ato)
	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
4373 Vallevside Rd		In: Oak	T 34	I n	1 2	Check	
City	State	Zip Code	M	D	Y	Amount	200.00
Cleveland	ОН	44135		016		<u> </u>	300.00
Full Name of Contributor			Registra	auon Num	ber, if PA	·	
Joseph Paletta	Irt. in					Fa (C C	nali ana l
Street Address	Employer/Occupation/Labor Organization*			Form (Cash. Check. etc.)			
3306 Maplecrest Ave		la: o .	1	T e	1 2	Cash	
City	State	Zip Code	M	D	Y	Amount	100.00
Parma	0 H	44134	0 9	06	1 5	rama of the	100.00

Page Total S	885.00

^{*} 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)]