Statement of Contributions Received



Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | |
|--|------------------|--------------------------|-----------------------------|--|
| Eisentrout for Mayor | | | | |
| Full Name of Contributor Sid Town send | n | | Registration Number, if Pa | AC |
| Street Address 3091 Minerua Lake Rd | Employer/Occupat | ion/Labor Organization | - | Form (Cash, Check, etc.) |
| Columbus | State | Zip Code 43231 | MO 1911 | Amount \$25 |
| Full Name of Contributor Street Address Free Address Fr | | | Registration Number, if PAC | |
| Street Address Showberry Ln | Employer/Occupat | ion/Labor Organization* | | Form (Cash, Check, etc.) Check |
| 7185 Showberry Ln City Chal Winchester | State H | Zip Code 43110 | M B I I I | Amount 49 (OO |
| Full Name of Contributor Lynn Eiren front | | | Registration Number, if Pa | VC |
| Full Name of Contributor Lynn Eisen Front Street Address 2753 Wildwood Rd City Calumba Language C | Employer/Occupat | ion/Labor Organization* | | Form (Cash, Check, etc.) Check: Amount |
| Columbus | State | Zip Code 43231 | M D Y | Amount 92 |
| Full Name of Contributor | | | Registration Number, if P. | AC |
| Street Address | Employer/Occupat | tion/Labor Organization* | _ | Form (Cash, Check, etc.) |
| City | State | Zip Code | M D Y | Amount |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupat | tion/Labor Organization* | | Form (Cash, Check, etc.) |
| City | State | Zip Code | M D Y | Amount |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupat | tion/Labor Organization* | | Form (Cash, Check, etc.) |
| City | State | Zip Code | M D Y | Amount |
| Full Name of Contributor | | | Registration Number, if P | AC |
| Street Address | Employer/Occupat | tion/Labor Organization* | | Form (Cash, Check, etc.) |
| City | State | Zip Code | M D Y | Amount |
| Full Name of Contributor Registration Number, if P/ | | | | AC |
| Street Address | Employer/Occupat | tion/Labor Organization* | | Form (Cash, Check, etc.) |
| City | State | Zip Code | M D Y | Amount |

Page Total \$ 300 = 2

^{*} 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)]