Statement of Contributions Received

Prescribed by Secretary of State 03/05

Notes of Committee in Particular					•	
Name of Committee in Full						
De Graw for Mayor Il Name of Contributor		1	Registration Number, if PAC			
Dog Country					•	
Don Compton Street Address	Employer/Occum	ation/Labor Organizatio	on.			Form (Cash, Check, etc.)
1100 Urlin Ave					1	check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	432	1a 11	2/1/5		100
Full Name of Contributor				ration Num	ber, if PA	С
Patricia Friese						
Street Address	Employer/Occup	on*		1	Form (Cash, Check, etc.)	
520 Roosevelt						check
Patricia Friese Street Address 520 Roosevelt City Kewanee Full Name of Contributor	State	Zip Code	us M	O(O(C))	ا , [, [Amount \$ 25
Kewanee	IL	614		OO 6	ber if PA	<u> </u>
Full Name of Contributor			veRis	Ganon 11diii		-
Ned Barthelmas	Tr1/0-	pation/Labor Organization	on•			Form (Cash, Check, etc.)
Ned Barthelmas Street Address 1000 Urlin Ave #2204	Employer/Occup	anomiabor Organizati	ŲII.			check
1000 UNIN TIVE 2204	State	Zip Code	M	D _i	Y	Amount
Caladays	OH	432	12 1	021	tt	* 200
Full Name of Contributor	1 0 (-	1		tration Nun	ber, if PA	ıC
I III Wante of Collaboror						
Street Address	Employer/Occur	pation/Labor Organizati	ion			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
			1			
Full Name of Contributor			Regi	stration Nur	nber, if PA	AC .
						Form (Cash, Check, etc.)
Street Address	Employer/Occu	ion •			orm (Cash, Check, etc.)	
		Zio Cado	I M	T D	Yi	Amount
City	State	Zip Code	"			ļ
			Reg	stration Nu	mber, if P.	AC
Full Name of Contributor			1			
Compat A Adenge	Employer/Occ	pation/Labor Organizat	lion a			Form (Cash, Check, etc.)
Street Address	Employenocci	spanion control				
City	State	Zip Code	М	D	Y;	Amount
cny					1	
Full Name of Contributor	<u></u>		Reg	istration Nu	mber, if P	AC
Street Address	Employer/Occ	upation/Labor Organiza	tion			Form (Cash, Check, etc.)
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City	State	Zip Code	N	D	Y _i	Amount
				1	mher if t	PAC
Full Name of Contributor			Rej	istration Nu	unoer, ii t	· no
			<u> </u>			Form (Cash, Check, etc.
Street Address	Employer/Occ	apation/Labor Organiza	ation			2 (2, 2, 4
	State	Zip Code		(D	Yı	Amount
City	State	Zip Code	["			
		!		<u> </u>		

^{*}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)]