3	1-	A		
R	C.	351	7.	10

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
reame of Committee in run								
Full Name of Contributor		annie santanije (in		Registrat	tion Num	oer, if PA	С	
MELVIN E WALDEN								
Street Address	Employer/	Оссира	tion/Labor Organization*	8	anna and anna distribute		Form (Cash, Che	ck, etc.)
50 FOREST RIDGE CT		-					CASH	
City	Stat	e	Zip Code	М	D	Y	Amount	
POWELL		H	43061	0 3	1 1	0 9		40.00
Full Name of Contributor						ber, if PA	С	C-100 M 200 M 2
MARCUS ROSS								
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
	Employer/Occupation/Labor Organization						CHECK	
4468 KEELER DR	Stat	te	Zip Code	M	D	Υ	Amount	
City		Н	43227	0 3	1	0 9		100.00
COLUBUS			**D bear bear b	CONTRACTOR	Marketta paragramma Nicola	ber, if PA	C	100.00
Full Name of Contributor				i cog.sere		,		
CHERYL BOBBITT BOYCE	Employer	/Occurs	ation/Labor Organization*			***************************************	Form (Cash, Che	ck, etc.)
Street Address	Employen	, Occupa	mon navor Organization				CHECK	
2149 MEADOW HILLS CT	Sta	fo	Zip Code	М	D	ΙΥ	Amount	
City	<u> </u>	Н	43228	00	1 .	1 .	T Info cant	50.00
COLUMBUS	] 0 ]	l l	1 40 has has 0			ber, if PA	J.	00.00
Full Name of Contributor				Registra	mon nun	ioei, ii i z	<b>.</b> C	
BRENDA K HAYNES		10	in the Committee of the State o				Form (Cash, Che	ock etc.)
Street Address	Employer	/Occup	ation/Labor Organization*					
1166 S WEYANT AVE			<b></b>	· · · · · ·	1 5	1 37	CHECK	
City	Sta		Zip Code	M	D	Y	Amount	E0.00
COLUMBUS	0	H	43227	0 3				50.00
Full Name of Contributor				Registra	ation Nun	ber, if PA	AC.	
CHESTER C CHRISTIE								
Street Address	Employer	:/Оссир	ation/Labor Organization*				Form (Cash, Check, etc.)	
1344 ELDORN DR							CHECK	
City	Sta		Zip Code	M	D	Y	Amount	
COLUMBUS	0	H	43207		1 1			40.00
Full Name of Contributor				Registr	ation Nur	nber, if P/	AC .	
JOHN PARMS								
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Ch	
6910 CUNNINGHAM DR							CHECK	_
City	Sta		Zip Code	М	D	Y	Amount	
NEW ALBANY	0	H	43054	0 3	11	0 9		100.00
Full Name of Contributor						nber, if P		
AL EDMONDSON								
Street Address	Employe	г/Оссир	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
346 N 20TH ST							CHECK	
City	Sta	ate	Zip Code	M	D	Y	Amount	
COLUMBUS	0	Н	43203	0 3	1 1	0 9	)	50.00
Full Name of Contributor	<u> </u>					nber, if P.		
Street Address Emp		Employer/Occupation/Labor Organization*					Form (Cash, Cl	eck, etc.)
Birot / Addioss							AUTOS	
City	St	ate	Zip Code	М	D	Y	Amount	
ency		Ì	1					
		 		بببلب			nomo of the	

Page Total	\$ 430.00

<sup>\*</sup> 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)]