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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Friends for Paul Bingle Full Name of Contributor Name of Wilkes Street Address Employer/Occupation/Labor Organization* From (Cash, Check, etc.) Check	Name of Committee in Full	*								~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Fall Name of Contributor											
Nancy Wilkes					Regis	trat	ion Nun	nher if P	AC		
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Susan Kyser Street Address Employer/Occupation/Labor Organization* Check etc.				45212						30.00	
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Childrens Hospital		Employe	r/Occupa	ation/Labor Organization*	ـــــا	-	 .		Form (Cash C	heck etc.)	
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Fall Name of Contributor Franklin County Republican Party Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check	l ·			l =		۸				50.00	
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Street Address								,			
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Full Name of Contributor	City	Sta		Zip Code	М		D	Y	Amount		
JoAnn Thomas	Columbus	0	Н	43214	1	0	3 1	0 7		15.00	
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* 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)]

Page Total \$ 2,730.00