Page 2	Page	2
--------	------	---

## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full	1 for T J					
Committee to Elect Andrea Pee	epies for Juage		In . sied	tion M	abor :CD4	<u> </u>
Full Name of Contributor			Registra	uon Nun	nber, if PA	
Richard Borror			L			Form (Cook Chaple ata)
Street Address	Employer/Occi	apation/Labor Organization				Form (Cash, Check, etc.)
3036 Leeds Road		Ta: O I		TE	1 37	Check
City	State OH	Zip Code 43221	M	D	$\begin{vmatrix} \mathbf{Y} \\ 0 & 5 \end{vmatrix}$	Amount 50.00
Columbus	[UII]	43221	0 1	24	nber, if PA	
Full Name of Contributor			Registra	idon INUN	uoti, II PA	
Mark A. Serrott	- Ir 1 70	i - // - h - O i - ti				Form (Cash, Check, etc.)
Street Address	Employer/Occi	Employer/Occupation/Labor Organization				
789 Northwest Blvd A		Total Co.		1 =	1	Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43212	0 3		0 5	250.00
Full Name of Contributor			Registra	ation Nun	nber, if PA	AC .
Mae Kathryn Young	<del> </del>		L_			T (0 1 0)
Street Address	Employer/Occi	upation/Labor Organization				Form (Cash, Check, etc.)
1300 W. 13th Ave			<del></del>		<del></del>	Check
City	State	Zip Code	M	D	Y	Amount
Gary	IN	46407	0/4		0 5	50.00
Full Name of Contributor Registration Number, if P						AC
Street Address	Employer/Occ	Employer/Occupation/Labor Organization				
City	State	Zip Code	M	D	Y	Amount
			7	1 1	1 (0)	<u> </u>
Full Name of Contributor			Registra	tuon Nun	nber, if PA	ac .
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor		<u> </u>	Registra	ation Nun	nber, if PA	AC .
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	AC .					
Street Address	Employer/Occ	Employer/Occupation/Labor Organization				
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor Registration Number, if Pa					VC.	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization				
City	State	Zip Code	M	D	Y	Amount
* Dequired for contributions over \$100 to statewide and get	1 11 11 11 11 11	10 1				

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 350.00