

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Ballot for the House 2</u>									
Full Name of Contributor <u>IDEW PAC Voluntary Fund</u>							Registration Number, if PAC		
Street Address <u>900 Seventh St NW</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>	
City <u>Washington DC</u>		State <u>DC</u>		Zip Code <u>20001</u>		M <u>0</u> D <u>5</u> Y <u>15</u>		Amount <u>250.00</u>	
Full Name of Contributor <u>Rachel Upton</u>							Registration Number, if PAC		
Street Address <u>508 Binn's Blvd.</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>	
City <u>Columbus</u>		State <u>OH</u>		Zip Code <u>43204</u>		M <u>0</u> D <u>4</u> Y <u>17</u>		Amount <u>20.00</u>	
Full Name of Contributor <u>Michael Wehrich</u>							Registration Number, if PAC		
Street Address <u>6470 Morningside Dr</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>	
City <u>Lewis Center</u>		State <u>OH</u>		Zip Code <u>43065</u>		M <u>0</u> D <u>5</u> Y <u>15</u>		Amount <u>50.00</u>	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/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/Occupation/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/Occupation/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/Occupation/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/Occupation/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/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y		Amount	

* 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)]

Page Total \$ 320.00