Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full		· · · · · · · · · · · · · · · · · · ·		
Bridges for OHIO				
Full Name of Contributor			Registration Number, if Pa	/C
MARC Goddard				
	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Denvir	State	Zip Code 60204	031011	Amount 25
Full Name of Contributor			Registration Number, if P.	
Phil Vermillion				
Street Address 1149 mul for D	Employer/Occupation/Labor Organization		1 	Form (Cash, Check, etc.)
City	State	Zip Code	M3 16 11	·
Grand view	04	432/2		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Full Name of Contributor Registration Number, if PAC Registration Number, if PAC				
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City	State	Zip Code	Ø 3 2 7 1V	Amount
Grove city	04	43213	<u> </u>	Amount 50
Full Name of Contributor . Registration Number, if PAC . JANGE TUTION				
Street Address 11 Sen Bind cor	Employer/Occupa	ution/Labor Organization		Form (Cash, Check, etc.)
New for Feren	State	Zip Code 92663	0 32 8 1	Amount 25 cm
Full Name of Contributor Registration Number, if PAC				
JCS ENTERPOSE OF COLU	CS ENTERPOSE OF Columbis			Form (Cash, Check, etc.)
Street Address 2142 W. Henderson	Eruployer/Occupa	ation/Labor Organization		CHECK
Colum Bus	State OH	Zip Code 43220	240411	Amount 25
Full Name of Contributor	UI	,,,,,,,	Registration Number, if I	AC
Street Address 6233 Breezeway Dr	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	04 13 11	Amount 200
North Ridge ville	OH	94039	Registration Number, if I	
Full Name of Contributions from	form_	31-E		
Street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount 35°00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occup	ation/Labor (Irganization	<u>L</u>	Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount

Page Total \$ 2/0

^{*} 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)]