

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Dr Anahi Ortiz</b>							
Full Name of Contributor <b>International Brotherhood of Electrical Workers</b>						Registration Number, if PAC	
Street Address <b>23 W. 2nd Avenue</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43201</b>	M <b>0   5</b>	D <b>3   1</b>	Y <b>1   6</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Dr. David Applegate</b>						Registration Number, if PAC	
Street Address <b>945 Walker Woods</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Marysville</b>	State <b>O   H</b>	Zip Code <b>43030</b>	M <b>0   6</b>	D <b>1   1</b>	Y <b>1   6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Nancy Day-Achauer</b>						Registration Number, if PAC	
Street Address <b>5951 Luccis Ct</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43228</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>1   6</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>King Stumpp</b>						Registration Number, if PAC	
Street Address <b>6923 Starfire Dr</b>		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>1   6</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Transfer from 31-E</b>						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State <b> </b>	Zip Code	M <b> </b>	D <b> </b>	Y <b> </b>	Amount <b>1,035.00</b>	
Full Name of Contributor <b>Transfer from 31-G</b>						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State <b> </b>	Zip Code	M <b> </b>	D <b> </b>	Y <b> </b>	Amount <b>200.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State <b> </b>	Zip Code	M <b> </b>	D <b> </b>	Y <b> </b>	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State <b> </b>	Zip Code	M <b> </b>	D <b> </b>	Y <b> </b>	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,935.00