Statement of Contributions Received

Prescribed by Secretary of State 3/05

			<u> </u>						
Name of Committee in Full									
	Friends of Dr Anahi Ortiz								
Full Name of Contributor	TAT 1			Registration Number, if PAC			c		
International Brotherhood of Electrical	_								
Street Address	Employe	г/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)		
23 W. 2nd Avenue	L		E				Check		
City		ete T T	Zip Code	M,	D	Y	Amount		
Columbus	0	Н	43201	0 5		1 6	500.00		
Full Name of Contributor				Registra	tion Numl	ber, if PA	C		
Dr. David Applegate									
Street Address	Employe	г/Оссцра	tion/Labor Organization*				Form (Cash, Check, etc.)		
945 Walker Woods							Check		
City	Sta		Zip Code	М	D	Y	Amount		
Marysville	0	Н	43030	0 6	1 1	1 6	100.00		
Full Name of Contributor				Registra	tion Numb	ber, if PA	C		
Nancy Day-Achauer									
Street Address	Employe	г/Оссира	tion/Labor Organization*	-			Form (Cash, Check, etc.)		
5951 Luccis Ct							Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Η	43228	015	216	1 6	50.00		
Full Name of Contributor	•		' 	Registra		ber, if PA			
King Stumpp									
Street Address	Employe	г/Оссира	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
6923 Starfire Dr							Check		
City	Str	ite	Zip Code	М	D	Y	Amount		
Revnoldsburg	loi	Н	43068	015	2 6	1 6	50.00		
Full Name of Contributor			12000			ber, if PA			
Transfer from 31-E				1		•			
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
		-	·				, ,		
City	St	ate	Zip Code	М	D	Ý	Amount		
	l 1		, ' 	1 1	1		1,035.00		
Full Name of Contributor	<u> </u>		<u> </u>	Registra	ion Numb	ber, if PA			
Transfer from 31-G									
Street Address	Employe	/Occupa	tion/Labor Organization*			-	Form (Cash, Check, etc.)		
							(,,,,		
City	Sta	tie.	Zip Code	М	D	Y	Amount		
Cuy]		Lap code	1 "	ī		200.00		
Full Name of Contributor	<u> </u>		<u> </u>	Registra	ion Numb	ber, if PA			
The Halls of Continuo				I CELLE	don rount	ж, п г л			
Street Address	Employe	r/Occasion	tion/Labor Organization*				Form (Cash, Check, etc.)		
Suber Auditess	Linkoya	госсира	non rance Offanitation				TORID (CASA, CASCA, CIC.)		
City	Sta		Zip Code	М	a	Y	Amount		
City	36	шс	Zip Code	I M	וו	',	Amoun		
TIN				ID animal ar		i i Ba			
Full Name of Countributor Registration Number, if PAC									
Co All	Ir					1	F (C-1- (C-1- (-)		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
0.	<u> </u>		12: . o i.	T	- ·		A		
City	St	ne	Zip Code	M	D	Y	Amount		
			l						

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	