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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Anthony Paletta Full Name of Contributor				Demist-	ation No-	ber, if PA	C .	
				Registra	משאי מסטב	iber, ii PA	.c	
Patricia L Aleshire	Ir		si- 7 -b- O-se-i-sie-5				Form (Cash. Che	ali ara l
Street Address	Employ	er/Occup;	ation/Labor Organization*				,	ick. etc.)
10101 Parkview Ln	<del> </del>		1	1	1 -	1	Check	
<sup>City</sup> Alpharetta	G	tate   A	Zip Code 30005	М 0   9	$\begin{bmatrix} 0\\0 \end{bmatrix} 8$	Y  1 5	Amount	50.00
Full Name of Contributor		•				nber, if PA	C	
Mark Stephen Krausz								
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
5030 Sharon Hill Dr						Check		
City	S	tate	Zip Code	М	D	Y	Amount	
Columbus	$\perp_{0}$	ΙH	43235	1019	019	115		. 100.00
Full Name of Contributor		<u></u>	1. 10200	_	_	nber. if PA		. 100.00
Mark Higdon								
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
210 Westview Ave	2						Check	
City	,	tate	Zip Code	M	D	TY	Amount	
Columbus	$\int o$		43214	0 9	1 .	1	7 GIROUIK	100.00
Full Name of Contributor	10	1	43214			nber. if PA		100.00
Donald Dale				Regisal	2000 14E	incer. II 12	·C	
Street Address	Employ	or!Occup	ation/Labor Organization*				Form (Cash, Che	ect etc.)
	Employer/Occupation/Labor Organization*			,	Form (Cash. Check, etc.)			
271 W Kanawha Ave			7:- 6-1-	T 11	Th	ΙΥ	Check Amount	
City		tate   H	Zip Code	M	D .	1	Amount	120.00
Columbus	10	1 11	43214		1   5		<u> </u>	120.00
Full Name of Contributor				Kegisir	auon Nur	nber. if PA	i.C	
Anne B Casto	T					_	<b>.</b>	
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
240 Westview Ave	4			1		1	Check	
City	1	tate	Zip Code	M	D	Y	Amount	<b>=</b> 0.00
Columbus	0	H	43214	1 0				50.00
Full Name of Contributor				Registr	ation Nur	nber, if PA	VC.	
Stonewall Democrats of Central Ohio								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
545 E Town St	ļ		<del></del>				Check	
City		tate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43214			1   5		100.00
Full Name of Contributor				Registr	ation Nur	nber, if PA	vC	
Tricia Paletta								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
3306 Maplecrest Ave							Cash	
City	S	tate	Zip Code	M	D	Y	Amount	
Parma	О	H	44134			1 5		100.00
Full Name of Contributor			·	Registr	ation Nur	nber, if PA	vC	
								_
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City	S	tate	Zip Code	M	D	Y	Amount	
		<u> </u>	<u> </u>				<u> </u>	

Page Total S	620.00

<sup>\*</sup> 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)]