

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Victoria Newell													
Full Name of Contributor Mike Keenan						Registration Number, if PAC							
Street Address 7103 Coventry Woods Blvd			Employer/Occupation/Labor Organization* Keenan Agency			Form (Cash, Check, etc.) Check							
City Dublin		State OH		Zip Code 43017		M 1		D 0		Y 5		Amount \$150.00	
Full Name of Contributor Cathy Boring						Registration Number, if PAC							
Street Address 915 Picardy Ct			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash							
City Dublin		State OH		Zip Code 43017		M 1		D 0		Y 1		Amount \$25.00	
Full Name of Contributor Chris Cline						Registration Number, if PAC							
Street Address 6060 Post Rd			Employer/Occupation/Labor Organization* Blaugrund, Haines, Kessler, Meyers & Postalakis			Form (Cash, Check, etc.) Check							
City Dublin		State OH		Zip Code 43027		M 1		D 0		Y 1		Amount \$100.00	
Full Name of Contributor Marillee Chinnici-Zuerker						Registration Number, if PAC							
Street Address 6043 Glenbarr Place			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check							
City Dublin		State OH		Zip Code 43017		M 1		D 0		Y 1		Amount \$150.00	
Full Name of Contributor						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)							
City		State OH		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 OH		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 OH		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 OH		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)]