

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full For Hilliard Kids							
Full Name of Contributor White - Acres Implement Inc					Registration Number, if PAC		
Street Address 5730 Hayden Run Rd					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check
City Hilliard	State OH	Zip Code 43026	M 09	D 09	Y 11	Amount 250.00	
Full Name of Contributor ACT Inc DBA					Registration Number, if PAC		
Street Address 4185 Janitorial Rd					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43228	M 09	D 23	Y 11	Amount 100.00	
Full Name of Contributor Kimberly Wilson Davis					Registration Number, if PAC		
Street Address 21755 Shirk Rd					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check
City Marysville	State OH	Zip Code 43040	M 09	D 21	Y 11	Amount 50.00	
Full Name of Contributor William A. Blake					Registration Number, if PAC		
Street Address 6648 Bantry Ct.					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check
City Dublin	State OH	Zip Code 43016	M 10	D 12	Y 11	Amount 50.00	
Full Name of Contributor Peter Gaydos					Registration Number, if PAC		
Street Address					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) cash
City	State OH	Zip Code	M 05	D 20	Y 11	Amount 25.00	
Full Name of Contributor Mark + Brenda Perry					Registration Number, if PAC		
Street Address 700B Feder Rd.					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check cash
City Columbus	State OH	Zip Code	M 05	D 20	Y 11	Amount 50.00	
Full Name of Contributor Carl Weise					Registration Number, if PAC		
Street Address 3572 Darby Knolls					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check
City Hilliard	State OH	Zip Code 43026	M 04	D 26	Y 11	Amount 50.00	
Full Name of Contributor Wilson Eagle					Registration Number, if PAC		
Street Address 3583 Darby Knolls					Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) check
City Hilliard	State OH	Zip Code 43026	M 04	D 26	Y 11	Amount 50.00	

* 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)]

Page Total \$0.00

\$625