Statement of Contributions Received

Page ______

Prescribed by Secretary of State 03/05

Vame of Committee in Full FRIENDS	OF BA	15125	· •				
				Registratio	on Numbe	т, if PAC	
A has Back	7.1			1			
Anne Dasce	Fm	nlover/Occupation	/Labor Organization			F	orm (Cash, Check, etc.)
1120 White R	Od -	Home	malcer)	M	D	Yi /	Chech
Grove City		State Z	43173	10	2 7	1 1	2000.00
Full Name of Contributor				Registrati	on Numb	er, if PAC	
				L.—			Cach Check etc.)
Street Address	Em	nployer/Occupation	/Labor Organization*			ľ	Form (Cash, Check, etc.)
City		State 2	ip Code	M	D	Y	Amount
				0	a Numb	er if DAI	
Full Name of Contributor			•	Kegistrati	ion Numb	ei, ii FA	
Street Address	En	nployer/Occupation	n/Labor Organization				Form (Cash, Check, etc.)
City		State	Zip Code	М	D	Y	Amount
				Registrat	ion Num	ver if PA	C
Full Name of Contributor				Registia	2011 (1411)	 , 11 1 1 1	
	- Gr	molower/Occupatio	n/Labor Organization				Form (Cash, Check, etc.
Street Address	133	присучи оссирано					
City	-	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registra	tion Num	ber, if PA	.C
			- A - has Ossessiesties				Form (Cash, Check, etc
Street Address	E	mployer/Occupation	on/Labor Organization*				
Civ.		State	Zip Code	M	D	Y	Amount
City				1 1			
Full Name of Contributor				Registra	ntion Num	ber, if P/	AC .
Street Address Employer/Occupation/Labor Organization							Form (Cash, Check, etc.
						l vi	Amount
City		State	Zip Code	M	D		Amount
				l Registra	ation Num	nber, if P	AC
Full Name of Contributor							
Steam Address		Employer/Occupati	ion/Lahor Organization				Form (Cash, Check, etc.
Street Address	ľ	amproy on croowlate					<u> </u>
City		State	Zip Code	M	D	Y	Amount
				1		11	
Full Name of Contributor				Registr	ation Nu	nber, if I	AC
·							Form (Cash, Check, et
Street Address Employe			ployer/Occupation/Labor Organization				
		State	Zip Code	M	D,	Y	Amount
City		CHARLE					
l							

Page Total \$ 200.00

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)]