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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Committee for Monica DeBrock Full Name of Committee			In	NI	1. 'CD.	
T-			Kegistra	mon Num	ber, if PA	C
Janice Lamott Street Address	Ir 1 /0	2.71.0.22				5 15 1 5 1
	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
2615 W. Sycamore Beach RD						check
City	State	Zip Code	M	D	Y	Amount
Angola	IN	46703	0 2	210	113	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Robert Cook						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
8170 Priestley Dr						check
City	State	Zip Code	М	D	Y	Amount
Revnoldsburg	$10 \mid H$	43068	014	213	1 3	75.00
Full Name of Contributor	, ,	10000			ber, if PA	
						_
Street Address	Employer/Occur	ontion/Labor Organization*				Form (Cash, Check, etc.)
ouver russias	Employen	ALIOU EMINA OI EMINERION				rom (casa, cacca, ac.)
Cin.	Share	7:- C-4-	134	1 5	ιċ	
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor			Registra	tion Num	ber, if PA	c ·
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
	j					
City	State	Zip Code	М	D	Y	Amount
			1	1 1		
Full Name of Contributor	<u> </u>	•	Registra	tion Num	ber, if PA	C
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
		•				
City	State	Zip Code	М	D	Υ	Amount
		L., 5555	"	ī		A month of America
Full Name of Contributor	<u> </u>		Davietes	tion Num	ber, if PA	<u> </u>
I waite of Composition			Negisua	MON IAMIN	oca, n rA	C
	Te i a	3 4 1 6 1 2 4	<u> </u>			
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor	<u>'</u>		Registra	tion Num	ber, if PA	C
TO THE OF COMMON PROPERTY IN CASE						
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Prece vorices	гини (Сам, Спеск, de.)					
0.	6	2:- C. A.	1 24	I	l v	A
City	State	Zip Code	М	D	, Y	Amount
			1	<u> </u>		

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 To	otal S	175.00