

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Natalie West Nicodemus for Fiscal Officer</i>							
Full Name of Contributor <i>First Service Federal Credit Union</i>						Registration Number, if PAC	
Street Address <i>100 Main Street</i>			Employer/Occupation/Labor Organization* <i>bank</i>			Form (Cash, Check, etc.) <i>dividend</i>	
City <i>Groveport</i>			State <i>OH</i>	Zip Code <i>43125</i>	M <i>0</i>	D <i>3</i>	Y <i>16</i>
						Amount <i>.14</i>	
Full Name of Contributor <i>Natalie West Nicodemus</i>						Registration Number, if PAC	
Street Address <i>7183 Windrift Place</i>			Employer/Occupation/Labor Organization* <i>self</i>			Form (Cash, Check, etc.) <i>cash</i>	
City <i>Reynoldsburg</i>			State <i>OH</i>	Zip Code <i>43068</i>	M <i>12</i>	D <i>6</i>	Y <i>16</i>
						Amount <i>5.00</i>	
Full Name of Contributor <i>First Service Federal Credit Union</i>						Registration Number, if PAC	
Street Address <i>100 Main Street</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>dividend</i>	
City <i>Groveport</i>			State <i>OH</i>	Zip Code <i>43125</i>	M <i>06</i>	D <i>3</i>	Y <i>16</i>
						Amount <i>.14</i>	
Full Name of Contributor <i>First Service Federal Credit Union</i>						Registration Number, if PAC	
Street Address <i>100 Main Street</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>dividend</i>	
City <i>Reynoldsburg Groveport</i>			State <i>OH</i>	Zip Code <i>43125</i>	M <i>09</i>	D <i>3</i>	Y <i>16</i>
						Amount <i>.14</i>	
Full Name of Contributor <i>First Service Federal Credit Union</i>						Registration Number, if PAC	
Street Address <i>100 Main Street</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>dividend</i>	
City <i>Reynoldsburg Groveport</i>			State <i>OH</i>	Zip Code <i>43125</i>	M <i>12</i>	D <i>3</i>	Y <i>16</i>
						Amount <i>.14</i>	
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State	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	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	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)]