Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full	,	0 -	10.00		·		
Matalie 10000 West Nice	denu	stor Histal	OHIC	1/2	/		
Full Name of Contributor	it Uni		Registration Nun	iber, if PA	AC		
Street Address	Employer/Occupati	on/Labor Organization*			Form (Cash, Check, etc.)		
100 Main Street	bank	Zip Code	I MI I D	I VI	dividual Amount		
Grovenort	OH	4312-5	0331	10	.14		
Full Name of Contributor Notalie West Nicodemus				Registration Number, if PAC			
Street Address	Employer/Occupati	on/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)		
7983 Windriff Place	self	r			cash		
Reinddsburg	State	Zip Code 431 Le 8	0606	14	5.00		
Full Name/of Contributor First Service Federal Gedit Union Registration Number, if PA							
Street Address		ion/Labor Organization*	<u>t</u>		Form (Cash, Check, etc.)		
100 Main Street		· · · · · · · · · · · · · · · · · · ·			dividuel		
Grove port	State OH	Zip Code 43 125	0630	1 (C	Amount .14		
Full Name of Contributor First Service Ferlesal Credit Union Registration Number, if PAC							
Street Address And Street Address Street Address		ion/Labor Organization*			Form (Cash, Check, etc.)		
City Cocalardor en Coca 10 2016	State 17H	Zip Code	M9 2/	Y/o	Amount / U		
Full Name of Contributor	$ \mathcal{U} $	95/65	Registration Num	ber, if PA	10 · 1 · 7		
First Service Federal C	redit	Union	<u></u>		Form (Cash, Check, etc.)		
100 Main Greet	Employer/Occupat	ion/Labor Organization*			Chividord		
City COUNT OUNT	State	Zip Code 43125	1231	110	Amount 2		
Full Name of Contributor		Registration Nur	egistration Number, if PAC				
Street Address	Employer/Occupat	ion/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/Occupat	ion/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M D	Y	Amount		
Full Name of Contributor	<u>. </u>	1	Registration Num	nber, if PA	AC .		
Street Address	Employer/Occupat	ion/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M D	ΙΥ	Amount		
CAN THE STATE OF T	State	Zip Code			MINUIA		

Page Total \$ 5.56

^{*} 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)]