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## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Paul Johnson For Trustee					
Full Name of Contributor			Registrati	ion Number, i	f PAC
Paul L. Johnson			_		
Street Address	Employer/Occupat	ion/Labor Organization*			Form (Cash, Check, etc.)
677 N. Hague Ave.	State	7 in Codo	М	D Y	Check Amount
City Columbus Columbus	OH	Zip Code 43204		1 1 3	9 \$500.00
Full Name of Contributor Registration Number, if PAC					
Paul L. Johnson					
Street Address	Employer/Occupat	ion/Labor Organization*			Form (Cash, Check, etc.) Check
677 N. Hague Ave. City	State	Zip Code	M	D Y	Amount
Columbus	ОН	43204	1 ; 1		9 \$400.00
Full Name of Contributor Paul L. Johnson			Registrat	ion Number,	if PAC
Street Address	Employer/Occupat	tion/Labor Organization*			Form (Cash, Check, etc.)
677 N. Hague Ave.					Check
City Columbus	State OH	Zip Code 43204	0 <sup>M</sup> 9	3 0 0 Y	1 <b>2</b>
Full Name of Contributor Registration Number, if PAC  Harold Hambrock					
Street Address	Employer/Occupat	tion/Labor Organization*		THE RESTRICTION OF THE PROPERTY OF THE PROPERT	Form (Cash, Check, etc.)
1435 Wiltshire Rd.	Етрюустоссира	non Davor Organization			Check
City Columbus	State OH	Zip Code 43223	1 0	D Y 1 5 0	Amount 9 \$20.00
Full Name of Contributor	1 011		Registrat	ion Number,	
Paul L. Johnson					
Street Address	Employer/Occupat	tion/Labor Organization*			Form (Cash, Check, etc.)
677 N. Hague Ave.			1 \ i		Check
City Columbus	State OH	Zip Code 43204	1 1	0 2 0 Y	
Full Name of Contributor	Registration Number, if PA			if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
out / Addiess	Employer/Occupa	non/Labor Organization			
City	State OH	Zip Code	М	D Y	Amount
Full Name of Contributor	OII		Registrat	ion Number,	if PAC
Street Address	Employer/Occupa	tion/Labor Organization <sup>*</sup>			Form (Cash, Check, etc.)
City	State OH	Zip Code	М	DY	Amount
Full Name of Contributor			Registrat	tion Number,	if PAC
Street Address	Employer/Occupa	tion/Labor Organization*			Form (Cash, Check, etc.)
		<del>-</del>			
City	State OH	Zip Code	М	DY	Amount

Page Total \$2,275.00

<sup>\*</sup> 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)]