Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full People for Page							
Full Name of Contributor ROBERT ATTUR	· · · · · · · · · · · · · · · · · · ·		Registrat	tion Num	ber, if Pa	AC	
Street Address	Employer/Occupat	ion/Labor Organization				Form (Cash, Check, etc.)	
3141 Polley Rd	State	1/1/CCT Zip Code	M	D	Yi	Check	
Columbus	DH	43221	10	د د	15	150.00	
Full Name of Contributor Keith Hopkins			Registrat	ion Num	ber, if Pa	AC	
Street Address 8503 Bedlington Dr.	Employer/Occupati	ion/Labor Organization	•			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Check Amount	
Reynoldsburg Full Name of Contributor	DH	43068	D	J)ユ ion Num	/ 5 ber if P/	100.00	
Richard Pfeiffer							
Street Address 338 E. Royal Forest Blud	l 'A' '	ion/Labor Organization* Bus City Attair	m aud-			Form (Cash, Check, etc.) Check	
Columbus	State OH	Zip Code 0	MO	رار	1/5	Amount 100.00	
Full Name of Contributor	UFC	43214	Registrat		ber, if PA		
Brian Higgins Street Address		on/Labor Organization*				Form (Cash, Check, etc.)	
1349 Dennison Avenue	Arch	City Developi	nent	+		Check	
Columbus	State OH	Zip Codd 43201	10	ည ၁ ၁	1 5	Amount 50,00	
Full Name of Contributor Brian Martin			Registrati	ion Num	ber, if PA	AC	
Street Address	Employer/Occupati	on/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Check Amount	
Grove City	OH	43123	10	22	15	200,00	
Full Name of Contributor Registration Number, if PAC Woods Development Group							
Street Address 4200 Legent Street	· · ·	on/Labor Organization Welgment				Form (Cash. Check. etc.) Check	
4200 Legent Street Columbus	State	Zip Code	M	D	15	Amount 500.00	
Full Name of Contributor	OH	43219	Registrati	ට ට ion Num	. !-		
Street Address	F 1 10					Form (Cash, Check, etc.)	
Succi Address	Employer/Occupati	on/Labor Organization"				ronn (Cash, Check, etc.)	
City	State	Zip Code	M	D	3	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
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Page Total S 5/1 100-00

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)]