Statement of Contributions Received

Prescribed by Secretary of State 3/05

No. 10		-							<u> </u>	
Name of Committee in Full										
Friends of Ken Granville Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·	Renist	ratio	on Numb	or if F	-Δ-		
Joy E. Todd - DDS					Registration Number, if PAC					
Street Address	N/A Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
181 Granville Street #305	Self Employed/ Dentist / Non Partizan- Citizen						Check			
City	State Zip Code			M D Y					Amount	
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Full Name of Contributor	<u> </u>		110200		_	on Numb			000.00	
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Street Address	Employer/	Occupat	ion/Labor Organization*						Form (Cash, Check, etc.)	
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Full Name of Contributor				Regist	ratio	on Numb	er, if F	PAC		
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Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
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Gty	Sta	ne	Zip Code	"	-	U	'		Amount	
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City	Sta	ıte	Zip Code	T M		D	Υ	-	Amount	
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guired for contributions from individuals over \$100 to statewide and general a	<u> </u>			<u> </u>				نے۔	!	

* 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 Total !	5	600.00