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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full         |             |               |  |          |           |  | -              |              |
|-----------------------------------|-------------|---------------|--|----------|-----------|--|----------------|--------------|
| Friends of Dr. Anahi Ortiz        |             |               |  |          |           |  |                |              |
| Full Name of Contributor          |             | _             |  | Registr  | ation Nun | her if PA  | <u>.</u>       |              |
| Contributions from Form 31-E      |             |               |  | N.       |           | , H 1 7  |                |              |
| Street Address                    | Employer/C  | Эссир         | ation/Labor Organization*                    |          | ,         |  | Form (Cash, C  | heck, etc.)  |
|                                   |             |               | •  |          |           |  | <u> </u>       | , ,          |
| City                              | State       | !             | Zip Code                                     | М        | D         | Y  | Amount         |              |
| !                                 |             |               |  | 013      | 216       | 115  | ľ              | 3,510.00     |
| Full Name of Contributor          |             |               | •  |          | anon Nun  |  | C              | · · · · · ·  |
| John M. Cortez                    |             |               |  | N/       | 4         |  |                |              |
| Street Address                    | Employer/C  | )ссир         | ation/Labor Organization*                    |          |           |  | Form (Cash, C  | heck, etc.)  |
| 5039 Calais Drive                 |             |               | <u>.                                    </u> |          |           |  | Check          |              |
| City                              | State       |               | Zip Code                                     | М        | D         | Y  | Amount         |              |
| Columbus                          |             | H             | 43221  |          | 0 9       | _  |                | 100.00       |
| Full Name of Contributor          |             |               |  | 1 -      | ation Nun | iber, if PA                                      | ıC             |              |
| Paula Brooks Committee            |             |               |  | N/       | 4         |  |                |              |
| Street Address                    | Employer/C  | )ссир         | ation/Labor Organization*                    |          |           |  | Form (Cash, C  | heck, etc.)  |
| 545 East Town Street              |             |               | 12: 0 1                                      | - 1      |           |  | Check          |              |
| City                              | State       | Н             | Zip Code                                     | M        | D         | Y  | Amount         | -00.00       |
| Columbus Full Name of Contributor | 0           | 1 1           | 43215  |          | ation Nun |  | _              | 500.00       |
| Full Name of Commodica            |             |               |  | Regisu   | anon van  | iber, ii PA                                      | i.             |              |
| Street Address                    | Employer/C  | )ccam         | ation/Labor Organization*                    |          |           |  | Form (Cash, C  | heck etc.)   |
|                                   | Zipioyure   | лир           | and the organization                         |          |           |  | t orm (Casa, C | deck, etc.)  |
| City                              | State       |               | Zip Code                                     | Тм       | T D       | Y  | Amount         |              |
| l,                                |             |               | 7 333  | 1        | 1         | 1  |                |              |
| Full Name of Contributor          | !           |               | <u></u> -                                    | Registr  | ation Nun | ber, if PA                                       | C              |              |
|                                   |             |               |  |          |           | ,  |                |              |
| Street Address                    | Employer/C  | Эссир         | ation/Labor Organization*                    | <u> </u> |           |  | Form (Cash, C  | heck, etc.)  |
|                                   |             |               |  |          |           |  |                | •            |
| City                              | State       | !             | Zip Code                                     | М        | D         | Y  | Amount         |              |
|                                   |             |               |  |          | 1         |  |                |              |
| Full Name of Contributor          | •           |               |  | Registi  | ation Nun | ber, if PA                                       | c              |              |
|                                   |             |               |  |          | _         |  |                | _            |
| Street Address                    | Employer/C  | Эссир         | ation/Labor Organization*                    |          |           |  | Form (Cash, C  | heck, etc.)  |
|                                   |             |               |  |          |           |  |                |              |
| City                              | State       | :             | Zip Code                                     | М        | D         | Y  | Amount         |              |
|                                   | <u> </u>    |               |  |          |           |  | <u> </u>       |              |
| Full Name of Contributor          |             |               |  | Registi  | ation Nun | ber, if PA                                       | iC .           |              |
|                                   |             |               |  |          |           |  |                |              |
| Street Address                    | Employer/C  | Эссир         | ation/Labor Organization*                    |          |           |  | Form (Cash, C  | heck, etc.)  |
|                                   |             |               | 10. 0.                                       | -1.2     | т.        | 1  |                |              |
| City                              | State       | :             | Zip Code                                     | . M      | D         | Y  | Amount         |              |
| T 11 10 7                         | <u> </u>    |               | <u> </u>                                     |          | 1 !       |  |                |              |
| Full Name of Contributor          |             |               |  | Registi  | ation Nun | iber, il PA                                      | iC             |              |
| Street Address                    | Employe-#   | <b>Januar</b> | ation/Labor Organization*                    |          |           |  | Earn (Ck C     | hank atc.\   |
| Succe Additions                   | Employer/C  | лсир          | anon/tabor Organization*                     |          |           |  | Form (Cash, C  | LICCK, CIC.) |
| City                              | State       |               | Zip Code                                     | М        | T D       | ΙΥ   | Amount         |              |
| City                              | J           | •             | zap Cour                                     | M        | ו         | i  | THEORY         |              |
|                                   | <del></del> |               | 1  |          | <u> </u>  | <del>                                     </del> | <u> 1</u>      |              |

\* 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)]

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