Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Wolfe For Mayor Committee						
Full Name of Contributor Nick Soulas			Registra	tion Number, if	PAC	
Street Address 3923 E Broad St	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)	
^{City} Whitehall	State OH	Zip Code 43213	0 ^M 5	1 4 0 9	Amount \$400.00	
Full Name of Contributor George Arnold			Registra	tion Number, if	PAC	
Street Address 3020 Dale Ave	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Cols	State OH	Zip Code 43209	0 ^M 5	1 4 0 9	Amount \$100.00	
Full Name of Contributor Brent Howard			Registra	tion Number, if	PAC	
Street Address 348 Cumberland Dr	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Whitehall	State OH	Zip Code 40213	0 ^M 5	1 5 0 9	Amount \$50.00	
Full Name of Contributor J Michael Asebrook			Registra	tion Number, if	PAC	
Street Address 454 E Main #236	Employer/Occu			Form (Cash, Check, etc.)		
City Cols	State OH	Zip Code 43215	0 ^M 5	1 5 0 9	Amount \$200.00	
Full Name of Contributor Richard Zitzke			Registra	tion Number, if	PAC	
Street Address 365 S Yearling Rd	Employer/Occu	upation/Labor Organization*			Form (Cash, Check, etc.)	
City Whitehall	State OH	Zip Code 43213	0 ^M 5	1 5 0 9	Amount \$100.00	
Full Name of Contributor Rob McKelvey				Registration Number, if PAC		
Street Address 365 S Yearling Rd	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Whitehal l	State OH	Zip Code 43213	0 ^M 5	1 5 0 Y	Amount \$100.00	
Full Name of Contributor Beer Dock East			Registra	ation Number, if	PAC	
Street Address 125 Robinwood Ave	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Whitehal l	State OH	Zip Code 43213	0 ^M 5	1 4 0 S		
Full Name of Contributor Mike Sweeney			Registra	ation Number, if	PAC	
Street Address 300 S Harding	Employer/Occi	upation/Labor Organization*			Form (Cash, Check, etc.)	
City Cols	State OH	Zip Code 43209	0 5	1 4 0 9	Amount 9 \$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)]