## **Statement of Contributions Received**

Page	

Prescribed by Secretary of State 03/05

			// <del>52</del> //1000000//0500000		CONTROL CONTROL CONTROL			
Name of Committee in Full Committee to Elect Bud Zappitelli Trustee								
Full Name of Contributor				Registration Number, if PAC				
Bud Zappitelli				**************************************	**************			
Street Address 7558 Schleppi Rd	Employer/Occupati Zappitelli F			Form (Cash, Check, etc.) Check				
City	State	Zip Code	M	D	Y	Amount		
New Albany	ОН	43054	1 0	0 5	0 9	\$500.00		
Full Name of Contributor			Registra	tion Nun	iber, if P	VC.		
Bud Zappitelli		di di	ļ.,,,,,,,,			Earn (Cash Chash ata)		
Street Address 7558 Schleppi Rd	Employer/Occupat Zappitelli F			Form (Cash, Check, etc.) check				
City	State	Zip Code	M	D	Y	Amount		
New Albany	OH	43054	1 0		0 9	\$738.96		
Full Name of Contributor Frank and Kelley Harmon					Registration Number, if PAC			
Street Address	Employer/Occupat	ion/Labor Organization*	-licenson			Form (Cash, Check, etc.)		
8120 Corporate Boulevard	OHIO INSL	JRANCE SERVICES AG			1 1/2	Check		
City Plain City	State OH	Zip Code 43064	1 0	1 6	0 9	Amount \$150.00		
Full Name of Contributor			Registra	ition Nun	nber, if P	AC		
Street Address	Employer/Occupat	tion/Labor Organization*	_			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occupa				Form (Cash, Check, etc.)			
City	State OH	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	ation Nu	nber, if F	AC		
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registr	ation Nu	nber, if I	AC		
	In 7 12	i's B. Asso Daniel's *				Form (Cash, Check, etc.)		
Street Address	Employer/Occupa	tion/Labor Organization*						
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor					Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State OH	Zip Code	M	D	Y	Amount		

Page Total \$1,388.96

<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)]