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Statement of Contributions Received

Prescribed by Secretary of State 3:05

Name of Committee in Full						
Friends of Carmen Malone						
Full Name of Contributor			Domine		nber, if PA	· C
			Kegisira	ation Nur	noer, ii P	ic .
Jo & Amanda Lewis Street Address	I Completion Com	upation/Labor Organization*				Tr. (C.) Cl. 1
	Employer.cec	upanon Labor Organization				Form (Cash, Check, etc.)
5949 Hampton Corners North	<u> </u>		1 34	T 5	1	Cash
Hilliard	State	Zip Code 43026	M	D	Y	Amount .
Full Name of Contributor	Olu	43020	1 0			
an Name of Condition			Kegisiia	stion van	iber, if PA	
Street Address	Employer Occi	apation/Labor Organization*				Form (Cash, Check, etc.)
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Street Address	Employer/Occs	pation/Labor Organization*				Form (Cash, Check, etc.)
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Full Name of Contributor			Registra	tion Nur	ber, if PA	С
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City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			 Bi-) } :6DA	
run Name of Contributor			Registra	uon Nun	ber, if PA	C
Street Address	Employer. Occu	Employer, Occupation/Labor Organization*			Form (Cash, Check, etc.)	
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Full Name of Contributor	<u> </u>		Registra		ber, if PA	С
Street Address	Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
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Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA	С
Street Address	Employer Occu	Employer. Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Υ	Amount
<u> </u>			' '	<u> </u>	لبب	

Page Total \$	40.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]