

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>FOUNT FOR CITY COUNCIL</u>									
Full Name of Contributor <u>RICHARD O. CHAKROFF</u>						Registration Number, if PAC			
Street Address <u>6561 OLENTANGY RIVER RD.</u>			Employer/Occupation/Labor Organization* <u>NA-RETIRED</u>				Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>WORTHINGTON</u>	State <u>OH</u>	Zip Code <u>43085</u>	M <u>11</u>	D <u>10</u>	Y <u>09</u>	Amount <u>200.00</u>			
Full Name of Contributor <u>JAMES VENTRESCA</u>						Registration Number, if PAC			
Street Address <u>72 E. GRANVILLE RD.</u>			Employer/Occupation/Labor Organization* <u>NA-RETIRED</u>				Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>WORTHINGTON</u>	State <u>OH</u>	Zip Code <u>43085</u>	M <u>11</u>	D <u>02</u>	Y <u>09</u>	Amount <u>35.00</u>			
Full Name of Contributor <u>DAVID GARY FOUNT (CANDIDATE)</u>						Registration Number, if PAC			
Street Address <u>675 OXFORD ST.</u>			Employer/Occupation/Labor Organization* <u>FOUNT ENGINEERING / ENGINEER / NA</u>				Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>WORTHINGTON</u>	State <u>OH</u>	Zip Code <u>43085</u>	M <u>10</u>	D <u>09</u>	Y <u>09</u>	Amount <u>1000.00</u>			
Full Name of Contributor <u>DAVID GARY FOUNT (CANDIDATE)</u>						Registration Number, if PAC			
Street Address <u>675 OXFORD ST.</u>			Employer/Occupation/Labor Organization* <u>FOUNT ENGINEERING / ENGINEER / NA</u>				Form (Cash, Check, etc.) <u>CHECK</u>		
City <u>WORTHINGTON</u>	State <u>OH</u>	Zip Code <u>43085</u>	M <u>11</u>	D <u>18</u>	Y <u>09</u>	Amount <u>208.59</u>			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	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	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	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	Zip Code	M	D	Y	Amount			

* 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 \$ 0.00
7443.59