Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Olmstead for Trustee						
Full Name of Contributor			Registra	ation Nur	nber, if P	ο Δ C
David C. Olmstead			, Contract	mon ma	moer, ar a	AC
Street Address	Employer/Occ	cupation/Labor Organization	on*			Form (Cash, Check, etc.)
6248 Kitzmiller Rd.	Candio		ON .			
City	State	Zip Code	М	D	Y	Cash
New Albany	O F	1 -	1.	1	1	Amount
Full Name of Contributor		43004	0 9			te Santa taman kanan
Full Name of Contributor			Registra	tion Nun	nber, if P	AC
Street Address	Employer/Occ	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registrat	tion Num	ber, if P	AC
Street Address	Employer/Occi	upation/Labor Organizatio	·11*			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registrat	ion Num	ber, if PA	A.C
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registrati	on Numb	ber, if PA	C
treet Address	Employer/Occu	pation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)
ity	State	Zip Code	M	D	Y	Amount
ull Name of Contributor			Registration	on Numb	or if PA	·
WITH THE ST. DESCRIPTION			ivegion au	Oli ivumo)CI, II I / 1	C
treet Address	Employer/Occup	oation/Labor Organization	*			Form (Cash, Check, etc.)
ity	State	Zip Code	M	D	Y	Amount
Ill Name of Contributor			Registratio	on Numb	er, if PA	С
reet Address	Employer/Occup	ation/Labor Organization'	*			Form (Cash, Check, etc.)
ty	State	Zip Code	M	D	Y	Amount
Il Name of Contributor			Registratio	n Numb	er, if PA	
reet Address	Employer/Occupation/Labor Organization*]	Form (Cash, Check, etc.)
ty	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 \$	50.00
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