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## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

No. of Company in Full						·	<u> </u>	
Name of Committee in Full  COMMATTEE TO ELECT IA MES MAC	יסביריי	D						İ
COMMITTEE TO ELECT JAMES McG	KEGO	Κ		In:	NIL	'SD + C	_	
Full Name of Contributor				Registra	tion Numb	KI, U PAU	-	
Loreto and Christine Canini	1							
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
7368 Lambton Park Road					<del>,</del>		Check	
City	Sta		Zip Code	М	D	Y	Amount	
New Albany	101	Н	43054-8588		0 3			50.00
Full Name of Contributor				Registra	tion Numb	er, if PA	C	
William Cotton and Patricia Davidson								
Street Address	Employer	Осспра	tion/Labor Organization				Form (Cash, Che	ck, etc.)
4444 Shull Road							<sup>.</sup> Check	
City	Sta	te	Zip Code	М	D	Y	Amount .	
Gahanna		Н	43230	10	0 3	013		200.00
Full Name of Contributor				Registra	tion Numb	er, if PA	c	
Kenneth W. Foltz								
Street Address	Employer	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
1410 South 6th Street							Check	•
City	Sta	te	Zip Code	М	D	Y	Amount	
Columbus		Н	43207	110	017	014		25.00
Full Name of Contributor	* ***		<u> </u>	Registra	tion Num	ber, if PA	С	
Glen Dugger				1				
Street Address	Employer	/Оссира	tion/Labor Organization				Form (Cash, Che	ck, etc.)
31 West Broad Street							Check	
City	Sta	ite	Zip Code	М	D	Y	Amount	
Columbus	101	Н	43215	1110	017	013		25.00
Full Name of Contributor					tion Num		C	20.00
Ohio Council of Retail Merchants					322			
Street Address	Employe	/Оссира	tion/Labor Organization				Form (Cash, Che	ck. etc.)
50 W. Broad Street	` `	•					Check	,
City	Sta	ıte .	Zip Code	М	I D	Y	Amount	
Columbus	0	Н	43215	1 0				100.00
Full Name of Contributor			10210				C	100.00
Full Name of Contributor Registration Number, if I Ohio Aggregates PAC OH 585						, · · ·		
Street Address	Employe	r/Occum:	ation/Labor Organization		1000	_	Form (Cash, Che	rck etc.)
162 N. Hamiltoon Road							Check	,
City	St	ate	Zip Code	М	T D	Y	Amount	-
Gahanna		H	43230		017			100.00
Full Name of Contributor	10		40200		ation Nur			100.00
W. Jerome Isler and Nancy J. Isler				Integral	200111101	<b>2</b>		
Street Address	Employe	riOccum:	ation/Labor Organization				Form (Cash, Che	nak ata k
	Employe	иссеци	audivization Organization					er, eu.j
62 St. Stephens Ct.		ate	Zip Code	М	Ιυ	ΙŸ	Check	
Gahanna		aue   H	43230	1 0	1 .	1 .		25.00
Full Name of Contributor	LU		143230		109 ation Nun			23.00
F. D. Ziegler				registi	andii Milli		10	
F. D. Ziegiei Street Address	Employer/Occupation/Lubor Organization			_	Form (Cach Ch	ectr etc.)		
	Lipidye	Companyon Occupation Easter Organization				Form (Cash, Check, etc.)		
P. O. Box 202		ate	Zip Code	М	D	ΙΥ	Check	
Cummit Station	1 -	H	•			1	1	30.00
Summit Station	0	1 4 4	43073	1110	0 0 9	1012	<del></del>	JU.UU

Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 555.00