Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Earl						•			
Name of Committee in Full									
Painí for Trustee Full Name of Contributor					Paristration Number if PAC				
1 ·									
	Anonymous (unknown cash received during Groveport event) Address Employer Occupation/Labor Organization*						Form (Cash, Chec	k atc.)	
Street Address	Employe	Employer/Occupation/Labor Organization*						k, CIC.)	
	_		la: o. t.		F.	17	Cash		
City	St	ate	Zip Code	M	D	Y	Amount	20.00	
				0 9	1 7	0 9		30.00	
Full Name of Contributor Registration Number, if PAC									
Shannon Black-Dotson									
Street Address	Employe	r/Occupa	ation/Labor Organization*	ļ			Form (Cash, Chec	k, etc.)	
5251 Knight St							Check		
City	St	ate	Zip Code	M	D	Y	Amount		
Groveport	0	Н	43125	0 9	1 7	0 9		20.00	
Full Name of Contributor			i	Registrat	ion Num	ber, if PA	C		
Posemary Paini									
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k, etc.)	
530 First St.							Check		
City	St	ate	Zip Code	М	D	Y	Amount		
New Lexington	0	Н	43764	0 9	1 7	0 9		50.00	
Full Name of Contributor				Registrat	tion Num	ber, if PA	C		
Chuck Shipley				1			_		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash. Check, etc.)				
2295 Township Rd 362 SE							Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Junction City	10	H	43748	019	117	0 9	Į.	15.00	
Full Name of Contributor						ber, if PA	\C		
Joe Abbott			•						
Street Address	Employe	г/Оссир	ation/Labor Organization*	<u> </u>			Form (Cash, Chec	ek, etc.)	
59 W Columbus St.		,					Online		
City	St	ate	Zip Code	М	D	Y	Amount	-	
Canal Winchester	l o ˜	ΙH	43110	0 9	$1\overline{17}$	1	1	100.00	
Full Name of Contributor		I	10110			ber, if PA	VC		
Michaela Brunner									
Street Address	Employe	er/Occur	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
							Online		
2450 Linbaugh Rd		ate	Zip Code	М	D	Y	Amount		
		H	43123			0 9	4	25.00	
Grove City Full Name of Contributor		1 **	10140	Register	tion Nun	ber, if P/	\C	20.00	
				regiona					
Carl Heister	Emplo	ar)Occur	ation/Labor Organization*	Ь			Form (Cash, Che	ck. etc.)	
Street Address	Employ	Employer/Occupation/Labor Organization*					Check		
1084 Amanda Norther Rd NW		tota	Zip Code	М	D	ΙΥ	Amount		
City	I	tate H		1	1	1		10.00	
Canal Winchester	0	11	43110			0 9		10.00	
Full Name of Contributor Registration Number, if PAC									
James Moses	le ·		of Walter Or 1 of the				Form (Cash Cha	olc uto \	
Street Address	Employ	Employer/Occupation/Labor Organization*					Form (Cash. Check, etc.)		
144 E Columbus St			Tay o .		T =	1 17	Check		
City		tate	Zip Code	M	D	Y	Amount	E0 00	
Canal Winchester	0	H	43110	1019	119	0 9	af the	50.00	

* 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)]

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