	ممود	3
•	- OMC	_

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Full Name of Contributor			,	l D	ictr	ntion N		ber, if	DAC.				
Sandy Bolzenius				neg	Suc	BUOTI IN	ium.	шег, п	PAC				
Street Address	Employ	er/Occur	pation/Labor Organization*	_					Form (Cash, C	Check etc.)			
76 W. Blake Ave.	and a supragration of Burney								cash				
City	Stat		Zip Code	М		D	Т	Ŷ	Amount				
Columbus	ОН]	43202	lo1	6	1113	3	116		10.00			
Full Name of Contributor	0 6 1 3 1 6 10.00 Registration Number, if PAC												
Leticia O'Dell													
Street Address	Employ	er/Occup	pation/Labor Organization*		_				Form (Cash, C	heck, etc.)			
7976 McCreary Rd.									check				
City	St	ate	Zip Code	М		Ð	Т	Y	Amount				
Broadview Heights	OH		44147	01	6	019	91	1 6		100.00			
Full Name of Contributor				Reg	SUE	ation N	ип	ber, if	PAC				
Bill Lyons													
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, C	heck, etc.)			
245 Wahalla Rd.									PayPal				
City	St	ate	Zip Code	М		D	Т	Υ	Amount				
Columbus	OH		43202	01	6	116	<u> 5 </u>	1 6	<u> </u>	19.12			
Full Name of Contributor	<u> </u>						Registration Number, if PAC						
Sandy Bolzenius													
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)				
76 W. Blake Ave.									cash				
City		ate	Zip Code	М		D.	1	Y	Amount				
Columbus	OH		43202	0			_	1 6		20.00			
Full Name of Contributor				Reg	SUE	tion N	um	ber, if	PAC				
Greg Pace													
Street Address	Employ	er/Occup	pation/Labor Organization*						Form (Cash, C	check, etc.)			
3485 Indianola Ave.							_						
City		ate	Zip Code	М		D	╻┃	Υ	Amount				
Columbus	ОН		43214	0	6	2 2	_	1 6		9.41			
Full Name of Contributor				Reg	istra	stion N	um	ber, if	PAC				
Charlotte Owens	I=						_		Te :- (0)- (N14- \			
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, C	neck, etc.)			
P.O. Box 73			Iz:- 0-4-	T 14	_		_		1				
City		ate	Zip Code	M	_	0 10	Ţ	1 / c	Amount	10.13			
Lithopolis Full Name of Contributor	ОН		43136	0				1 6 ber, if		19.12			
				neg	346	SUCHI N	List	iDEI, II	FAC				
ComFest donation jar (bundled small donations)									Form (Cash, C	heck etc.)			
Street Address	Employer/Occupation/Labor Organization*								cash				
Goodale Park	91	ate	Zip Code	М	_	D	Т	Ÿ	Amount				
	ОН		Zip Code	1 .	4		٦	1 6		17.00			
Columbus Full Name of Contributor	UH		<u> </u>				_	ber, if		17.00			
Full Name of Controduct				1100	-306	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ioça, ii	1710				
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)							
Street Abdress	Linpoy.	اممر	poder color organization						(555)	,			
City	St	ate	Zip Code	М	-	В	Ť	<u>Y</u>	Amount				
Ony	-]		1		1		1					
Full Name of Contributor	<u> </u>		<u> </u>	Reg	istra	ation N	lun	ber, if	PAC				
p di ribino di Odriniadia													
Street Address Employer/Occupation/Labor Organization*							-	Form (Cash, C	Check, etc.)				
										•			
City	Sı	tate	Zip Code	М		D	1	Y	Amount				
		{						l					

* 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 \$ 194.65