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## Statement of Contributions Received

Page	2	
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Prescribed by Secretary of State 03/05

Name of Committee in Full Mott & Pleasnick						
Full Name of Contributor			Regist	tration No	imber, if P	AC
Contributions from form No. 3	51-E 		Ì			
Street Address	Employer/Occ	cupation/Labor Organization*	<del></del>			Form (Cash, Check, etc. Checks
City	State	Zip Code		] D <sub>i</sub>	Y	Amount
	OH		1 0	D 7	1 5	\$1,500.00
Full Name of Contributor Michael L. Mott					mber, if P	AC
MICHAEL L. MOTE Street Address		··	<u> </u>			
5171 Harlem Road	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc. Cash
City	State	Zip Code	1.0	Th	T VI	<del></del>
New Albany	ОН	43054	1 1	1 3	1 5	Amount \$20.00
Full Name of Contributor			Registr		mber, if PA	AC
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.
City	State	Zip Code		<del> </del>	7 74	<u> </u>
	OH	Zip Code	M	D		Amount
Full Name of Contributor	· · · · · ·		Registra	ation Num	nber, if PA	AC .
Street Address	Employer/Occa	upation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	OH		Registra	tion Nur	aber, if PA	<u> </u>
-					1004, 42	C
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	T D	Y .	Amount
Full Name of Contributor	OH.					_
all traine of countriens			Registrat	tion Num	ber, if PAC	3
Street Address	Employer/Occup	Employer/Occupation/Labor Organization			7	Form (Cash, Check, etc.)
City	State	Zip Code	M	D.	<del>  </del>	
	ОН					Amount
ull Name of Contributor		<del></del> ,	Registrati	ion Num!	ber, if PAC	
treet Address	Employer/Occup	pation/Labor Organization		<del>-</del>	F	Form (Cash, Check, etc.)
ity	State	Zip Code	<del>-                                    </del>			<del></del>
	ОН	1		D	Y	Amount
ull Name of Contributor			Registrati	ion Numb	ber, if PAC	
treet Address	Employer/Occup	nation/Labor Organization			F	orm (Cash, Check, etc.)
ity	- Cymin	14: 23	· · · · · · · · · · · · · · · · · · ·		$\perp$	
•	State OH	Zip Code	M	D	Y	mount

Page Total \$1,520.00

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 also appear. [R.C. 3517.10(B)(4)]