## **Statement of Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Chris Valentine			<del></del>	
Full Name of Contributor			Registration Number, if	Da C
Catherine A. Galli			Megranadon Pontinca, tr	PAC
Street Address	Employer/Occ	supation/Labor Organization		Form (Cash, Check, etc.
5475 Brand Road				Check
Dublin	State OH	Zip Code 43017	M D Y 1	Amount \$50.00
Full Name of Contributor			Registration Number, if	
Robert S. Hoppe			Transfer of the state of the	rac
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.
6152 Grey Friar Way				Check
City Dublin	State OH	Zip Code 43017	1 0 2 2 0 7	Amount \$100.00
Full Name of Committee Stuart Harris	<del>.</del> <u> </u>		Registration Number, if F	<u> </u>
Street Address				
4634 Bridle Path Lane	Employer/Occa	upation/Labor Organization		Form (Cash, Check, etc.) Check
Dublin	State OH	Zip Code 43017	1 0 2 2 0 7	Amount \$100.00
Full Name of Contributor			Registration Number, if P	<u></u>
Karen L. Gillmor			registration (vinible), if P	AC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
514 Hedgegate North Court				Check
Tiffin	State OH	Zip Code 44883	M D Y	Amount \$100.00
Full Name of Contributor			Registration Number, if P.	
Daniel S. Armbruster				
Street Address 9115 Moors Place North	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
City City		I		Check
Dublin	State OH	Zip Code 43017	1 0 2 3 0 7	Amount \$50.00
Full Name of Contributor  Kevin Porter			Registration Number, if P/	AC .
Street Address		· · · · · · · · · · · · · · · · · · ·		
6842 Stillhouse Lane	Zampioyer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check
Dublin	State OH	Zip Code 43016	1 0 2 3 D 7	Amount \$100.00
ull Name of Contributor	1 0		Registration Number, if PA	
Julia M. Casey				
8733 Davington Drive	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Dublin	State	Zip Code	M D Y	Amount
	ОН	43017	M D Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$250.00
ull Name of Contributor Susan S. Budde			Registration Number, if PA	c
treet Address 5510 Carnoustie Court	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)
ity	State	Zip Code	M D Y	Check Amount
Dublin	OH	43017	1 0 2 5 0 7	\$50.00

Page Total \$800.00

<sup>\*</sup> 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)]