

Statement of Contributions Received

Earm 21.A

ORC 3517.10

ull Name of Committee					
ull Name of Contributor				Registration Number, if PAC	
III Name of Contributor					
Jennifer Faure	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
treet Address					Card
2390 Wicklifterd	State	Zip Code	Date (MM/D	D(YYYY)	Amount
ity		1	09118 a 019 Registration Number		4,0000
Columbus	OH	43221			
ull Name of Contributor				Registration Number	61, 11 1 AV
Joe Matessa					Farm (Cost Chast ata)
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
1777 Incheliff Road					Card
Dity	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	OHT	43221	0911	912019	\$100.00
Full Name of Contributor			per, if PAC		
Catherine Kenned.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Street Address	[2,p.10]		J		card
ala 4 Tremont Road	State	Zip Code	Date (MM/I	DD(YYYY)	Amount
City		7	· ·		# L A A A A A
Columbus	OHL	43221	1010		\$100.00
Full Name of Contributor				Registration Num	ber, if PAC
Edward sweeney					
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
3801 Norbrook Dr					Check
City	State	Zip Code	Date (MM/	DD/YYY)	Amount
	OH	43230	VANN	RIVERINE	# a 5.00
COlumbus	Registration Num			nber, if PAC	
Full Name of Contributor					
Kim Petersen	Emple	ror/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*			card	
1460 Windham Rd		T=	Date (MM/DD/YYYY)		Amount
City	State	Zip Code			
CO10mb03	OH [43220	1010	412019	\$\a50.00

*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)]