Statement of Contributions Received

Prescribed by Secretary of State 3/05

br co see in pull	<u> </u>							
Name of Committee in Full Palvey for the Roand								
Baker for the Board			Projection No. 1, 16 PAC					
Full Name of Contributor				Registration Number, if PAC				
Renee Derthick	T							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)	
1855 SW Springfield Ct.						Check		
City	State	Zip Code	M	D	Y	Amount		
Palm City	F ! L	34990	1 2	0 9	1:1		50.00	
Full Name of Contributor Registration Number, if PAC								
Sherman and Sara Fleming								
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Che	eck, etc.)	
2805 Wapak Ave. #92						Check		
City	State	Zip Code	М	D	Y	Amount		
Sidney	-1 O $+$ H	45365	112	019	$ _{1 1}$		25.00	
Full Name of Contributor		1.10000			ber, if PA		20.00	
Alan Jones								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck etc)	
206 W. Beechwold Blvd.	Employed Overpation Easter Organization			Check				
City	State	Zip Code	М	D	Ϋ́	Amount		
		. '		l .		Zinoun	25.00	
Columbus Full Name of Contributor	OH	43214	1 2	0 9		<u></u>	25.00	
I III I I III I I I I I I I I I I I I			Registra	tion Num	ber, if PA	C		
Jeffrey Powers								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
3327 Mansion Way						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43221	1 2	019	111		<u>2</u> 5.00	
Full Name of Contributor	"		Registra	tion Num	ber, if PA	C		
Joyce Leeth								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check			eck, etc.)	
244 Barelona Ave.						Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	O H	43081	1 2	0 9	111		100.00	
Full Name of Contributor		** .			ber, if PA	C		
Laura Comek								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			eck, etc.)	
500 S. Front St.						Credit C	ard	
City	State	Zip Code	М	D	Y	Amount	Lara	
Columbus	ОІН	'	1 2	0 9	I .		200.00	
Full Name of Contributor	0 11	10215			LIII ber. if PA		200.00	
Michael Sexton			registiu	rion riant	001, 11 1 71			
Street Address	Eurolauar/Ocar	npation/Labor Organization*				Form (Cash, Ch	- d	
	Employer/Occi	ipadoli/Labor Organization				,	eck, etc.)	
984 Highland St.		T				Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OIH	43201	1 0	2 0		<u> </u>	50.00	
Full Name of Contributor Registration Number, if PAC								
Suzanne Hatch	· · · · · · · · · · · · · · · · · · ·	<u> </u>						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
4189 Rowanne Rd.						<u>Check</u>		
City	State	Zip Code	M	D	Y	Amount		
Columbus	_ O H	43214	1 0	2+0	1 1	ł	100.00	

Page Total S 575.00

^{*} 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)]