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Statement of Contributions Received

Page ____

Prescribed by Secretary of State 03/05

			<u> </u>			
Name of Committee in Full Friends of Dennis Nicodemus						
Full Name of Contributor	Registration Number, i	Registration Number, if PAC				
powerco Credit Union						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
5665 n hamilton rd				cash		
City columbus	State OH	Zip Code 43230	1 2 3 1 0 S	Amount) \$1.27		
Full Name of Contributor Powerco Credit Union			Registration Number, i	FPAC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
5665 n hamilton rd				cash		
City	State	Zip Code	M D Y	Amount		
columbus	OH.	43230				
Full Name of Contributor Powerco Credit Union Registration Number, if PAC						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
5665 n hamilton rd	hamilton rd		cash			
City columbus	State OH	Zip Code 43230	$\begin{bmatrix} M & D & Y \\ 0 & 6 & 3 & 0 & 1 \end{bmatrix}$	Amount 0 \$0.33		
Full Name of Contributor	1		Registration Number, i	f PAC		
Powerco Credit Union						
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)		
5665 N hamilton rd				cash		
City	State	Zip Code	0 9 3 0 1 (Amount		
columbus	ОН	43230		ψυ:00		
Full Name of Contributor powerco credit union	·		Registration Number, i	f PAC		
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)		
5665 n hamilton rd				cash		
City columbus	State OH	Zip Code 43230	1 2 3 1 1	Amount 0 \$0.28		
Full Name of Contributor			Registration Number, i	fPAC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M D Y	Amount .		
Full Name of Contributor	Registration Number, i	f PAC				
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)		
Cit.	State	Zip Code	M D Y	Amount		
City	OH	Zip Code		, chouse		
Full Name of Contributor Registration Number, if F						
Street Address	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M D Y	Amount		

Page Total \$3.04

^{*} 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)]