

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|  |  |                    |   |  |               |                             |  |               |                           |
|--|--|--------------------|---|--|---------------|-----------------------------|--|---------------|---------------------------|
| Name of Committee in Full<br><b>Friends of Nick Amicucci</b> |  |                    |   |  |               |                             |  |               |                           |
| Full Name of Contributor<br><b>Steve Bennett</b>             |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>1806 Hawthorne Pkwy.</b>                |  |                    | Employer/Occupation/Labor Organization*<br><b>Owner: Bennett - Edgar Insurance Agency</b> |  |               |                             | Form (Cash, Check, etc.)<br><b>Check</b> |               |                           |
| City<br><b>Grove City</b>                                    |  | State<br><b>OH</b> | Zip Code<br><b>43123</b>  |  | M<br><b>0</b> | D<br><b>9</b>               | Y<br><b>0</b>                            | Y<br><b>2</b> | Amount<br><b>\$100.00</b> |
| Full Name of Contributor<br><b>Gloria Jean Rodgers</b>       |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>4894 Shallowford Loop</b>               |  |                    | Employer/Occupation/Labor Organization*<br><b>Retired</b>                                 |  |               |                             | Form (Cash, Check, etc.)<br><b>Check</b> |               |                           |
| City<br><b>Grove City</b>                                    |  | State<br><b>OH</b> | Zip Code<br><b>43123</b>  |  | M<br><b>0</b> | D<br><b>9</b>               | Y<br><b>2</b>                            | Y<br><b>1</b> | Amount<br><b>\$500.00</b> |
| Full Name of Contributor<br><b>Nick Amicucci</b>             |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>4884 Shallowford Loop</b>               |  |                    | Employer/Occupation/Labor Organization*<br><b>Firefighter - Jackson Township</b>          |  |               |                             | Form (Cash, Check, etc.)<br><b>Cash</b>  |               |                           |
| City<br><b>Grove City</b>                                    |  | State<br><b>OH</b> | Zip Code<br><b>43123</b>  |  | M<br><b>0</b> | D<br><b>7</b>               | Y<br><b>2</b>                            | Y<br><b>1</b> | Amount<br><b>\$50.00</b>  |
| Full Name of Contributor<br><b>Nick Amicucci</b>             |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>4884 Shallowford Loop</b>               |  |                    | Employer/Occupation/Labor Organization*<br><b>Firefighter - Jackson Township</b>          |  |               |                             | Form (Cash, Check, etc.)<br><b>Cash</b>  |               |                           |
| City<br><b>Grove City</b>                                    |  | State<br><b>OH</b> | Zip Code<br><b>43123</b>  |  | M<br><b>0</b> | D<br><b>8</b>               | Y<br><b>0</b>                            | Y<br><b>4</b> | Amount<br><b>\$45.00</b>  |
| Full Name of Contributor<br><b>Nick Amicucci</b>             |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address<br><b>4884 Shallowford Loop</b>               |  |                    | Employer/Occupation/Labor Organization*<br><b>Firefighter - Jackson Township</b>          |  |               |                             | Form (Cash, Check, etc.)<br><b>Check</b> |               |                           |
| City<br><b>Grove City</b>                                    |  | State<br><b>OH</b> | Zip Code<br><b>43123</b>  |  | M<br><b>0</b> | D<br><b>8</b>               | Y<br><b>3</b>                            | Y<br><b>1</b> | Amount<br><b>\$250.00</b> |
| Full Name of Contributor                                     |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address   |  |                    | Employer/Occupation/Labor Organization*   |  |               |                             | Form (Cash, Check, etc.)                 |               |                           |
| City   |  | State<br><b>OH</b> | Zip Code  |  | M             | D                           | Y  | Y             | Amount                    |
| Full Name of Contributor                                     |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address   |  |                    | Employer/Occupation/Labor Organization*   |  |               |                             | Form (Cash, Check, etc.)                 |               |                           |
| City   |  | State<br><b>OH</b> | Zip Code  |  | M             | D                           | Y  | Y             | Amount                    |
| Full Name of Contributor                                     |  |                    |   |  |               | Registration Number, if PAC |  |               |                           |
| Street Address   |  |                    | Employer/Occupation/Labor Organization*   |  |               |                             | Form (Cash, Check, etc.)                 |               |                           |
| City   |  | State<br><b>OH</b> | Zip Code  |  | M             | D                           | Y  | Y             | Amount                    |

\* 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)]

Page Total **\$945.00** ✓