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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

	2.20011004	- J						
Name of Committee in Full	_							
THE COMMITTEE TO ELECT DOR	RRIS FOR J	JUI	OGE					
Full Name of Contributor					Registration Number, if PAC			
BETTIE K. ANDERSON								
Street Address	Employer/C	Ссира	ntion/Labor Organization*				Form (Cash, Check, etc.)	
8585 SUMMA AVE. APT. 423							CHECK #3145	
City	State		Zip Code	М	D	Y	Amount	
BATON ROUGE	L	Α	70809	0 4	1 .			
Full Name of Contributor		. 1	7 000 2			nber, if PA		
ED McCARTNEY				1			.0	
Street Address	Employer/O	)ccups	ation/Labor Organization*				Form (Cash, Check, etc.)	
204 HOLCOMB STREET		осира	aromización					
City	State		Zip Code	1 14	TB	1 7	CHECK # 734	
SIMSBURY	C	Т	1 -	M	D	Y	Amount	
Full Name of Contributor		1_	06070	0 4			10.00	
				Registra	ition Nun	ber, if PA	C	
MICHAEL J. WIHL Street Address	In							
	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
66 SOUTH GRANT AVE. APT 3							CHECK #1615	
City	State		Zip Code	M	D	Y	Amount	
COLUMBUS		H	43215	0 4	0 8	0 6	25.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	С	
JOSEPH DRAGOVICH								
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
95 RUSSO DRIVE							CHECK #4254	
City	State		Zip Code	M	D	Y	Amount	
CANFIELD		H	44406	0 4	111	0 6	50.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Street Address	Employer/O	ccupat	tion/Labor Organization*		- Maria		Form (Cash, Check, etc.)	
						i		
City	State		Zip Code	M	D	Y	Amount	
							0.00	
Full Name of Contributor				Registrat	tion Num	ber, if PA		
Street Address	Employer/O	ccupal	tion/Labor Organization*		-		Form (Cash, Check, etc.)	
							*	
City	State		Zip Code	М	D	Y	Amount	
				1 1	lι		0.00	
Full Name of Contributor	<u> </u>			Registrat	ion Num	ber, if PAC		
Street Address	Employer/Oc	cupat	ion/Labor Organization*				Form (Cash, Check, etc.)	
			-					
City	State		Zip Code	M	D	Y	Amount	
			ī		l -	1	0.00	
Full Name of Contributor				Registrat	ion Numi	per, if PAC		
				1108.5	1011 1 10111	ooi, ii i i k	,	
Street Address	Employer/Oc	cunat	ion/Labor Organization*				Form (Cash, Check, etc.)	
	,,	- aput	Davor Organization				a offit (Cash, Check, etc.)	
City	State	$\neg$	Zip Code	M	D	Y	Amount	
•			r	1 1	Ĭ	1,		
						L_∣ I	0.00	

\* 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)]

Page Total \$	105.00