

# Ohio Campaign Finance Report

OCT 24 2010 4:11:22

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Daughters for Council</b>					Registration Number, if PAC							
Full Name of Candidate <b>Benjamin Daughters</b>												
Street Address <b>320 Fairway Ave</b>					Office Sought <b>Council at Large</b>			District <b>Ross</b>				
City <b>Chillicothe</b>					State <b>OH</b>		Zip Code <b>45601</b>					
<b>Type of Report</b> (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year							
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual							
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		1 <sup>M</sup>	1	0 <sup>D</sup>	5	1 <sup>Y</sup>	3

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$1,805.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,267.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$4,072.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$1,724.24
6. Balance on hand (line 4 minus line 5)	\$	\$2,347.76
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$130.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Jennifer M. Howell, Treasurer

*Jennifer M Howell*  
Signature

10/22/2013

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages 3

Expenditure pages 2

Other pages 2

Total pages 7

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Daughters for Council</b>											
Full Name of Contributor <b>Presilia and Travis Kelley</b>							Registration Number, if PAC				
Street Address <b>508 Concord Grape Way</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>			
City <b>Vine Grove</b>		State <b>KY</b>	Zip Code <b>40175</b>		M <b>0</b>	D <b>7</b>	Y <b>0</b>	M <b>1</b>	D <b>3</b>	Y <b>3</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Rodney Winegardner</b>							Registration Number, if PAC				
Street Address <b>20288 State Route 104</b>				Employer/Occupation/Labor Organization* <b>Property Owner</b>				Form (Cash, Check, etc.) <b>Check</b>			
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>		M <b>0</b>	D <b>7</b>	Y <b>0</b>	M <b>5</b>	D <b>1</b>	Y <b>3</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Herbert Friedman</b>							Registration Number, if PAC				
Street Address <b>364 W 4th St</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>			
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>		M <b>0</b>	D <b>7</b>	Y <b>0</b>	M <b>2</b>	D <b>1</b>	Y <b>3</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Ty and Monica Shillito</b>							Registration Number, if PAC				
Street Address <b>91-207 Niuhiwa Place</b>				Employer/Occupation/Labor Organization* <b>US Army</b>				Form (Cash, Check, etc.) <b>Check</b>			
City <b>Ewa Beach</b>		State <b>HI</b>	Zip Code <b>96706</b>		M <b>0</b>	D <b>7</b>	Y <b>1</b>	M <b>4</b>	D <b>1</b>	Y <b>3</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Toni Eddy</b>							Registration Number, if PAC				
Street Address <b>989 Western Ave</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>			
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>		M <b>0</b>	D <b>7</b>	Y <b>2</b>	M <b>5</b>	D <b>1</b>	Y <b>3</b>	Amount <b>\$40.00</b>
Full Name of Contributor <b>Judith Benson</b>							Registration Number, if PAC				
Street Address <b>164 Church Street</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>			
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	M <b>3</b>	D <b>1</b>	Y <b>3</b>	Amount <b>\$40.00</b>
Full Name of Contributor <b>James Caldwell</b>							Registration Number, if PAC				
Street Address <b>306 Fairway Ave</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>			
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	M <b>3</b>	D <b>1</b>	Y <b>3</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Robert Litter</b>							Registration Number, if PAC				
Street Address <b>524 Eastern Ave</b>				Employer/Occupation/Labor Organization* <b>Litter Propane</b>				Form (Cash, Check, etc.) <b>Check</b>			
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	M <b>3</b>	D <b>1</b>	Y <b>3</b>	Amount <b>\$100.00</b>

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Daughters for Council</b>									
Full Name of Contributor <b>Andrew Terry</b>							Registration Number, if PAC		
Street Address <b>10731 Blue Spruce Dr</b>				Employer/Occupation/Labor Organization* <b>LG Electronics</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Fisher</b>		State <b>IN</b>	Zip Code <b>46037</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>Thomas McKell</b>							Registration Number, if PAC		
Street Address <b>166 W 2nd St</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>John Woelfel</b>							Registration Number, if PAC		
Street Address <b>904 Forest Glen Lane</b>				Employer/Occupation/Labor Organization* <b>Pilot</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Wilmington</b>		State <b>FL</b>	Zip Code <b>33414</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>Stivers for Congress</b>							Registration Number, if PAC		
Street Address <b>4679 Winterset Drive</b>				Employer/Occupation/Labor Organization* <b>Congressman</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Robert Peterson</b>							Registration Number, if PAC		
Street Address <b>5564 Grassy Branch Rd</b>				Employer/Occupation/Labor Organization* <b>Ohio Senator</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Sabina</b>		State <b>OH</b>	Zip Code <b>45169</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>Ross County Republican Party</b>							Registration Number, if PAC		
Street Address <b>P.O. Box 1803</b>				Employer/Occupation/Labor Organization* <b>Republican Party</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Friends of Gary Scherer</b>							Registration Number, if PAC		
Street Address <b>PO Box 875</b>				Employer/Occupation/Labor Organization* <b>Republican Member House of Representatives</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Circleville</b>		State <b>OH</b>	Zip Code <b>43113</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Y <b>6</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>"Contributions from form No. 31-E"</b>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash and Check</b>		
City		State <b>OH</b>	Zip Code		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Y <b>9</b>	Amount <b>\$337.00</b>

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Daughters for Council</b>											
Full Name of Contributor <b>Mary Elsass</b>							Registration Number, if PAC				
Street Address <b>318 Fairway Ave</b>				Employer/Occupation/Labor Organization* <b>Director of United Way</b>			Form (Cash, Check, etc.) <b>Check</b>				
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>		M <b>0</b>	D <b>7</b>	Y <b>2</b>	Y <b>2</b>	Y <b>1</b>	Y <b>3</b>	Amount <b>\$100.00</b>
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	Y	Y	Y	Amount	
OH											
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	Y	Y	Y	Amount	
OH											
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	Y	Y	Y	Amount	
OH											
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	Y	Y	Y	Amount	
OH											
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	Y	Y	Y	Amount	
OH											
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	Y	Y	Y	Amount	
OH											
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	Y	Y	Y	Amount	
OH											
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	Y	Y	Y	Amount	
OH											

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Daughters for Council						
To Whom Paid			M	D	Y	Amount
Vickers Photography			0 7	2 5	1 3	\$26.75
Address		Purpose				
32 East 2nd Street		Campaign Photograph				
City	State	Zip Code	Check Number			
Chillicothe	OH	45601	1025			
To Whom Paid			M	D	Y	Amount
Huntington Bank			0 7	1 5	1 3	\$2.50
Address		Purpose				
41 S. High Street		Misc. Bank Fee				
City	State	Zip Code	Check Number			
Columbus	OH	43215				
To Whom Paid			M	D	Y	Amount
All Signs			0 8	0 6	1 3	\$192.60
Address		Purpose				
559 N High Street		Yard Signs for Campaign				
City	State	Zip Code	Check Number			
Chillicothe	OH	45601	1027			
To Whom Paid			M	D	Y	Amount
Cintas			0 8	0 7	1 3	\$292.49
Address		Purpose				
1300 Boltonfield St.		Campaign T-Shirts				
City	State	Zip Code	Check Number			
Columbus	OH	43228	1028			
To Whom Paid			M	D	Y	Amount
Huntington Bank			0 8	1 5	1 3	\$2.50
Address		Purpose				
41 S. High Street		Misc. Bank Fee				
City	State	Zip Code	Check Number			
Columbus	OH	43215				
To Whom Paid			M	D	Y	Amount
Andrew Burgoon			0 9	1 2	1 3	\$100.00
Address		Purpose				
No Business address given		Facebook Campaign				
City	State	Zip Code	Check Number			
Chillicothe	OH	45601	1029			
To Whom Paid			M	D	Y	Amount
Huntington Bank			0 9	1 6	1 3	\$2.50
Address		Purpose				
41 S. High Street		Misc. Bank Fee				
City	State	Zip Code	Check Number			
Columbus	OH	43215				
To Whom Paid			M	D	Y	Amount
Signs on the Cheap			0 9	1 5	1 3	\$660.90
Address		Purpose				
11525A Stonehollow Drive		Yard Signs for Campaign				
City	State	Zip Code	Check Number			
Austin	TX	78758	1030			

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Daughters for Council							
To Whom Paid			M	D	Y	Amount	
Ross County Board of Elections			0	9	26	13	\$35.00
Address		Purpose					
475 Western Ave		Financial Disclosure					
City	State	Zip Code	Check Number				
Chillicothe	OH	45601	1031				
To Whom Paid			M	D	Y	Amount	
Chillicothe Post Office			1	0	02	13	\$138.00
Address		Purpose					
40 S Walnut St		Campaign Mailing					
City	State	Zip Code	Check Number				
Chillicothe	OH	45601	1032				
To Whom Paid			M	D	Y	Amount	
Chillicothe Post Office			1	0	08	13	\$92.00
Address		Purpose					
40 S Walnut St		Campaign Mailing					
City	State	Zip Code	Check Number				
Chillicothe	OH	45601	1034				
To Whom Paid			M	D	Y	Amount	
Huntington Bank			1	0	15	13	\$2.50
Address		Purpose					
41 S. High Street		Misc. Bank Fee					
City	State	Zip Code	Check Number				
Chillicothe	OH	43215					
To Whom Paid			M	D	Y	Amount	
Chillicothe Post Office - Story Place			1	0	15	13	\$92.00
Address		Purpose					
629 Central Center		Campaign Mailing					
City	State	Zip Code	Check Number				
Chillicothe	OH	45601	1036				
To Whom Paid			M	D	Y	Amount	
Chillicothe Jaycees			1	0	11	13	\$50.00
Address		Purpose					
12100 Pleasant Valley Rd		Parade Entry Fee					
City	State	Zip Code	Check Number				
Chillicothe	OH	45601	1035				
To Whom Paid			M	D	Y	Amount	
Sam's Club			1	0	17	13	\$34.50
Address		Purpose					
1270 N. Bridge St		Candy for Parade					
City	State	Zip Code	Check Number				
Chillicothe	OH	45601	1037				
To Whom Paid			M	D	Y	Amount	
Address		Purpose					
City	State	Zip Code	Check Number				
	OH						

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Daughters for Council</b>							
Full Name of Contributor <b>Eric Rinehart</b>				Registration Number, if PAC			
Street Address <b>21 Timberlane Dr</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>	<b>0</b>	<b>8</b>	<b>29</b>	<b>13</b> <b>\$36.00</b>
Form (Cash, Check, etc.) <b>Check</b>							
Full Name of Contributor <b>Andrew Tomlinson</b>				Registration Number, if PAC			
Street Address <b>PO Box 598</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>	<b>0</b>	<b>8</b>	<b>29</b>	<b>13</b> <b>\$50.00</b>
Form (Cash, Check, etc.) <b>Check</b>							
Full Name of Contributor <b>"Contributors of \$25 or less"</b>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State <b>OH</b>	Zip Code	<b>0</b>	<b>8</b>	<b>29</b>	<b>13</b> <b>\$251.00</b>
Form (Cash, Check, etc.) <b>Cash and Check</b>							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State <b>OH</b>	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State <b>OH</b>	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State <b>OH</b>	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State <b>OH</b>	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State <b>OH</b>	Zip Code				
Form (Cash, Check, etc.)							

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

<b>\$337.00</b>
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Total expenditures this event.

<b>\$0.00</b>
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<b>Page Total \$ 337.00</b>
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# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Daughters for Council</b>				
Full Name of Contributor <b>Joseph and Joni Molnar</b>		Employer, Occupation, Labor Organization* <b>Carl's Townhouse</b>		Registration Number, if PAC
Street Address <b>95 W 2nd Street</b>		Description of Item or Service <b>Food and Beverage for Fundraiser</b>		M   D   Y   Fair Market Value <b>0   8   2   9   1   3   \$130.00</b>
City <b>Chillicothe</b>		State <b>OH</b>	Zip Code <b>45601</b>	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		<b>OH</b>		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		<b>OH</b>		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		<b>OH</b>		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		<b>OH</b>		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		<b>OH</b>		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		<b>OH</b>		<input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event?
		<b>OH</b>		<input type="radio"/> YES <input type="radio"/> NO

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