Page	1	
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Hilliard Area Republican Club Politic	cal Action C	ommittee						
Full Name of Contributor			Registra	ition Num	ber, if PA	Ċ		
Hilliard Area Republican Club			ľ					
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)		
4369 Shire Creek Ct.	Employer	Janois Ember Organization						
		g: 6.1		T 6	7.7	Check		
City	State	Zip Code	М	D	Y	Amount		
Hilliard	OH	43026	0 6	2 1	1 0	250.00		
Full Name of Contributor	ber, if PA	C						
Street Address	Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.)				
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Circ	State	Zip Code	М	D	Y	Amount		
City	State	Zip Code	"		',	Amount		
				<u> </u>	ber, if PA			
Full Name of Contributor	.C							
						<u>—</u> ,		
Street Address	Employer/Occu	oation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	ΙΥ	Amount		
	1	'	1					
Full Name of Contributor	<u> </u>		D verieter	tion Num	ber, if PA			
Full Name of Contributor			Regisua	ition Num	iocr, ii PA	.C		
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)		
	1							
City	State	Zip Code	М	D	Y	Amount		
				1 1				
Full Name of Contributor	<u>'</u>		Registra	tion Nur	iber if PA	C		
Full Name of Contributor Registration Number, if PAC								
Company Addition	In the formation of the Control of					Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization* Form (Cash					roint (Cash, Check, etc.)		
					,			
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	tion Nur	ber, if PA	C		
Street Address		Form (Cash, Check, etc.)						
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
<u></u>	State	Zip Code	М	D	Y	Amount		
City	State	Zip Code	I IVI	"		Angun		
Full Name of Contributor			Registra	ation Nun	iber, if PA	iC		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	ΤΥ	Amount		
city	1		1	- I	1 1	1		
60 . 2			D - into	nina Nisa	-b iCD4	C		
Full Name of Contributor Registration Number, if PAC								
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
		ı			<u> </u>	<u> </u>		

* 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 \$ 250.00