

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens to Re-Elect Amy Salay</b>						
Full Name of Contributor <b>Amy Salay - Candidate, self funding</b>					Registration Number, if PAC	
Street Address <b>5789 Gaelic Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>9</b>	Y <b>0 1 1 3</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Mark A Gray - Campaign Treasurer</b>					Registration Number, if PAC	
Street Address <b>4786 Belfield Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>2 3 1 3</b>	Amount <b>\$150.00</b>
Full Name of Contributor <b>David Bromwich and Sandra Augustine</b>					Registration Number, if PAC	
Street Address <b>6300 Post Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>0</b>	Y <b>0 2 1 3</b>	Amount <b>\$200.00</b>
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	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 **\$850.00**