Statement of Contributions Received

| Page | |
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Prescribed by Secretary of State 03/05

| Name of Committee in Full | 01.11 | | - | | | |
|------------------------------------------------------|-------------------|----------------------------------------------|----------------------------|--------------------------|--|--|
| Citizens for Jason Hillips | | | | | | |
| Full Name of Contributor | v | | Registration Number, if PA | vc | | |
| Street Address | Employer/Occupati | ion/Labor Organization | | Form (Cash, Check, etc.) | | |
| 187 Regents Koad | | | | Check_ | | |
| City | State | Zip Code | | Amount 4/000 0 0 | | |
| Full Name of Contributor | Chivo | 43230 | Registration Number, if PA | | | |
| Gahanna-Jefferson FCPE | | | | | | |
| Street Address | Employer/Occupati | ion/Labor Organization | <u> </u> | Form (Cash, Check, etc.) | | |
| 160 S. Hamilton Road | | | | Check | | |
| City | State | Zip Code | MDDY | Amount | | |
| Cahanna | 10H | 43230 | 103013 | 2,000.00 | | |
| Full Name of Contributor Registration Number, if PA | | | | | | |
| Street Address | Employer/Occupat | ion/Labor Organization | <u> </u> | Form (Cash, Check, etc.) | | |
| City | State | Zíp Code | M D Y | Amount | | |
| | | <u> </u> | | | | |
| Full Name of Contributor | | | Registration Number, if Pa | AC . | | |
| Street Address | Employer/Occupat | ion/Labor Organization | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M D Y | Amount | | |
| Full Name of Contributor Registration Number, if PAC | | | | | | |
| Street Address | Employer/Occupat | tion/Labor Organization | <u>L</u> | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M D Y | Amount | | |
| City | " | | | | | |
| Full Name of Contributor Registration Number, if PA | | | | | | |
| Street Address | Employer/Occupat | tion/Labor Organization | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M D Y | Amount | | |
| Cay | J Julie | 2.5 | | | | |
| Full Name of Contributor Registration Number, if P | | | | | | |
| Street Address | Employer/Occupa | tion/Labor Organization | | Form (Cash, Check, etc.) | | |
| | | Ta: | TW 12 10 | <u> </u> | | |
| City | State | Zip Code | M D Y | Amount | | |
| Full Name of Contributor Registration Number, if Pr | | | | | | |
| Street Address | Employer/Occupa | tion/Labor Organization | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M D Y | Amount | | |

Page Total S 6000 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 also appear. [R.C. 3517.10(B)(4)]