

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Kristi Robbins									
Full Name of Contributor John J. Kulewicz						Registration Number, if PAC			
Street Address 2104 Yorkshire Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 1	D 0	Y 2	1	0	9	Amount 100.00
Full Name of Contributor Michael L Collins						Registration Number, if PAC			
Street Address 6169 Sugar Maple Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 2	5	0	9	Amount 75.00
Full Name of Contributor Cindy Crowe						Registration Number, if PAC			
Street Address 8545 Button Bush Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 1	D 0	Y 2	6	0	9	Amount 75.00
Full Name of Contributor Harriet L. Merriman						Registration Number, if PAC			
Street Address 235 Allview Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 2	8	0	9	Amount 25.00
Full Name of Contributor Beth Weinhardt						Registration Number, if PAC			
Street Address 642 Hickory View Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 3	0	0	9	Amount 20.00
Full Name of Contributor Donna Scotten						Registration Number, if PAC			
Street Address 4208 Valley Quail Blvd North			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Westerville	State O H	Zip Code 43081	M 1	D 1	Y 1	0	0	9	Amount 10.00
Full Name of Contributor Pam Tiburzio						Registration Number, if PAC			
Street Address 1585 Fawn Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Worthington	State O H	Zip Code 43085	M 1	D 1	Y 1	0	0	9	Amount 5.00
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				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 appear. [R. C. 3517.10(B)(4)]