Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | nemocipality i intrinse property and an extra funding | Name in the second | | | - | Manage Characters | | | |
|---------------------------------|---|--------------------|--------------------------|---|--------------------------------|--|--|--------------------|-------------------|
| Citizens for Kristi Robbins | | | | | | | | | |
| Full Name of Contributor | | | | Renistr | ration | Number | r if PAC | | |
| John J. Kulewicz | | | | 7.0912 | | . 21 011100 | ., | | |
| Street Address | Employer | /Occupati | ion/Labor Organization* | | | *************************************** | | Form (Cash, Check, | etc.) |
| 2104 Yorkshire Road | | • | • | | | | | check | , |
| City | Sta | ate | Zip Code | М | T | D | Y | Amount | 0 1 1 1 1 1 1 1 - |
| Columbus | | Н | 43221 | 1 | 0 2 | 2 1 | 0 9 | | 100.00 |
| Full Name of Contributor | | | | CONTRACTOR OF THE PARTY OF THE | Management of | Number | and the second second second | | |
| Michael L Collins | | | | | | | | | |
| Street Address | Employer | /Occupati | ion/Labor Organization× | | | <u> </u> | *************************************** | Form (Cash, Check, | etc.) |
| 6169 Sugar Maple Dr | | | | | | | | check | |
| City | Sta | ste | Zip Code | М | Т | D | Y | Amount | |
| Westerville | | Н | 43082 | 11 | 0 : | 2 5 | 0 9 | | 75.00 |
| Full Name of Contributor | | | | Regist | ration | Number | c, if PAC | | |
| Cindy Crowe | | | | | | | | | |
| Street Address | Employer | /Occupati | ion/Labor Organization* | | - | | | Form (Cash, Check, | etc.) |
| 8545 Button Bush Lane | | | | | | | | check | |
| City | St. | ate | Zip Code | М | | D | Y | Amount | |
| Westerville | 0 | Н | 43082 | | | 2 6 | 0 9 | | 75.00 |
| Full Name of Contributor | | | | Regist | ration | i Number | r, if PAC | | |
| Harriet L. Merriman | | | | | ****************************** | (managem) each magailteanas | www.www.ww.com.co.co.co.co.co.co.co.co.co.co.co.co.co. | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check | , etc.) | | |
| 235 Allview Road | | | | | | | · | check | |
| City | | ate | Zip Code | М | - 1 | D | Y | Amount | |
| Westerville | 0 | H | 43081 | | | 2 8 | 0 9 | | 25.00 |
| Full Name of Contributor | | | | Regist | ration | n Number | r, if PAC | | |
| Beth Weinhardt | | | | | eronous roma | *************************************** | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | + | | | Form (Cash, Check | , etc.) |
| 642 Hickory View Ct | | | Te: a : | 1 37 | | T | 77 | check | ······ |
| City | l | ate L | Zip Code | M | - 1 | D | Y | Amount | 20.00 |
| Westerville | 0 | Н | 43081 | | | 3 0 | 0 9 | | 20.00 |
| | | | | regist | ration | ı Numbe | r, if PAC | | |
| Donna Scotten Street Address | Euganlarian | IO a arra at | in II show OverwiestionX | | | | niemanijes militaraan, e | Form (Cash, Check | otoù |
| | Employer/Occupation/Labor Organization* | | | | | | | | |
| 4208 Valley Quail Blvd North | C+ | ate | Zip Code | М | _ | D | Y | cash Amount | |
| Westerville | | Н | 43081 | 1 1 | | | 0 9 | R | 10.00 |
| Full Name of Contributor | | | 1 40001 | Regist | Tation | I U | r, if PAC | <u> </u> | 10.00 |
| Pam Tiburzio | | | | Inogra | Luddoi | 114011100 | i, ii i Ho | | |
| Street Address | Emmlouer | /Necroat | ion/Labor Organization* | | tarannan en | ere en | and the second of the second o | Form (Cash, Check | etc l |
| 1585 Fawn Court | Z.iipioyot | ro oodpar | or organization | | | | | cash | , 0.0.7 |
| City | St | ate | Zip Code | М | Т | D | Y | Amount | |
| Worthington | | Н | 43085 | 1 1 | 1 | 1 0 | 0 9 | | 5.00 |
| Full Name of Contributor | | NOON PRODUCTION | 10000 | | | aramanina manana | r, if PAC | | 0.00 |
| | | | | | | **** | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | | |
| | | • | • | | | | | | • |
| City | St | ate | Zip Code | М | | D | Y | Amount | |
| | | | | | | | | | |
| | | | | | | | | A. | ~~~ |

| Page Total\$ | 310.00 |
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|--------------|--------|

^{*} 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)]