

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens with McCarty									
Full Name of Contributor Paul E. Harris							Registration Number, if PAC		
Street Address 15 Norton Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43228		M 0		D 4	
						Y 1 0 0 9		Amount \$75.00	
Full Name of Contributor Anthony J. Agriesti							Registration Number, if PAC		
Street Address 2490 Crystal Springs Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M 0		D 4	
						Y 1 1 0 9		Amount \$50.00	
Full Name of Contributor Leon Dye							Registration Number, if PAC		
Street Address 2057 White Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 0		D 4	
						Y 1 5 0 9		Amount \$20.00	
Full Name of Contributor Frederick A. Swank							Registration Number, if PAC		
Street Address 74 N. Guilford Avenue				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43222		M 0		D 4	
						Y 1 6 0 9		Amount \$25.00	
Full Name of Contributor Richard A. Murphey Jr.							Registration Number, if PAC		
Street Address 2591 Haverford Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43220		M 0		D 4	
						Y 1 8 0 9		Amount \$50.00	
Full Name of Contributor Steve Ulrey							Registration Number, if PAC		
Street Address 3967 Presidential Pkwy				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Powell		State OH		Zip Code 43065		M 0		D 4	
						Y 3 0 0 9		Amount \$50.00	
Full Name of Contributor Richard A. Cordray							Registration Number, if PAC		
Street Address 4900 Grove City Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 0		D 5	
						Y 1 2 0 9		Amount \$60.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						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)]