## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Maria Klemack							
Full Name of Contributor			Registration Number, if PAC			AC	
Committee for Jim Hughes Bradley Sir	nnott		1				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
52 E Gay Street					Check		
City	State	Zip Code	М	Ð	Υ	Amount	
Columbus	O h	43215	0.9	0 6	1 1	250.00	
ull Name of Contributor Registration Number, if P/							
Grove City Area Republican Club							
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
2579 Scott Court						Check	
City	State	Zip Code	M	D	Y	Amount	
	1	43123			١	•	
Grove City Area Republican Club	O <sub>I</sub> h	451,43	1 + 0	1 0	11	100.00	
Contributions from Form 31-F	I- 1 10	·					
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
			_	,	. —		
City	State	Zip Code	M	D	Y	Amount	
			0.6	2 8	1 1	303.71	
Full Name of Contributor			Registra	tion Num	ber, if P/	VC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PA						\C	
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
	' ' '						
City	State	Zip Code	Тм	D	Y	Amount	
Chy	5.4.1	is p code	\		<u> </u>		
Vall Name of Contributor	<u> </u>		Panista	tion Man	har (CD)	\C	
Full Name of Contributor Registration Number, if Pa						ic .	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Chee						C (C1, Ch1, -+-)	
Street Address	Employer/Occup	Employer/Occupation/Cabor Organization				Form (Cash, Check, etc.)	
		<u> </u>					
City	State	Zip Code	М	D	Y	Amount	
	<u> </u>			,			
Full Name of Contributor		Registra	tion Nun	iber, if Pa	/C		
_							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
			]				
Full Name of Contributor Registration Number, if PAC						NC .	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	Ð	Y	Amount	
- Cary	Siac		"	້			
	i	<u> </u>	1	l	1		

\* 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)]

Page Total \$ 653.71