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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
CITIZENS FOR WRIGHT								
ull Name of Contributor				Registration Number, if PAC				
BRANDON WRIGHT					,			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
105 ROCKY CREEK DR	PNC BANK-BANKER			CASH				
City	State	М	D	Υ	Amount			
GAHANNA	OHI	43230	019	016	111		100.00	
Full Name of Contributor	1011	Registration Number, if PAC						
Street Address	Employer/Occup				Form (Cash, Che	ck, etc.)		
KIM KYER	STATE	ARY			CASH			
City	State	Zip Code	М	D	Y	Amount		
GAHANNA	OH!	43230		2 0			25.00	
Full Name of Contributor	Registration Number, if PAC							
JACOB HOUGH								
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)		
105 ROCKY CREEK DR	BARCE				CASH			
City	State	Zip Code	М	D	Y	Amount		
GAHANNA	OH	43230	<u> 110</u>	0   5	1 1		500.00	
Full Name of Contributor			Registra	ion Num	ber, if PA	C		
UNKOWN								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
		···	<del></del>			CASH		
City	State	Zip Code	M	D	Y	Amount	10.00	
GAHANNA	OH	43230		1 7			10.00	
Full Name of Contributor			Kegistra	non num	ber, iſPA	.C		
T.J. KLEINMAN Street Address	TE10	oation/Labor Organization*	<u> </u>			From (Co.) Cha	ا مد اد	
	1	PAICE			Form (Cash, Check, etc.)			
1050 E. BROAD ST	State	Z/CUSTOMER SER  Zip Code	M	D	Y	CASH Amount		
COLUMBUS	OH	43215	1 .	2 6	1 .	7 tirrough	60.00	
Full Name of Contributor	1011	40210			ber, if PA	.C	00.00	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
	1							
City	State	Zip Code	М	D	Y	Amount		
						<u> </u>		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
	<u> </u>							
City	State	Zip Code	М	D	Y	Amount		
						<u> </u>		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
City	State	Zip Code	М	D	Y	Amount		
						1		

Page Total \$ 695.00

<sup>\*</sup> 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)]