

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Re-Elect Amy Salay						
Full Name of Contributor Michael Giffillan				Registration Number, if PAC		
Street Address 2653 Summer Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43016	M 1	D 0	Y 08	Amount \$50.00
Full Name of Contributor Michelle Greiwe				Registration Number, if PAC		
Street Address 7042 Shady Nelmis		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 08	Amount \$100.00
Full Name of Contributor Kevin Griffin				Registration Number, if PAC		
Street Address 5559 Kinvara		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash		
City Dublin	State OH	Zip Code 43016	M 1	D 0	Y 08	Amount \$100.00
Full Name of Contributor T. Hoitink				Registration Number, if PAC		
Street Address 361 Monterery Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 15	Amount \$50.00
Full Name of Contributor Martha Cooper				Registration Number, if PAC		
Street Address 6894 Running Deer Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 20	Amount \$30.00
Full Name of Contributor James Frazier				Registration Number, if PAC		
Street Address 6017 Kenzie Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 22	Amount \$150.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$480.00**