appear, R.C. 3517.10(B)(4)

Page	2

Page Total \$

0.01

Statement of Contributions Received

Prescribed by Secretary of State 2/01

M	· · ·					
Name of Committee in Full Citizens for Pruse Johnson						
Citizens for Bruce Johnson	·		Dazastest	ion Mum	ber, if PA	
Full Name of Contributor			Registrat	IOM TARRIT	oçı, il FA	
Bruce E. Johnson						Farm (Crob Charle etc.)
Street Address	Employer/Occu	pation/Labor Organization	u			Form (Cash, Check, etc.)
100 South Third St.			1		1	Cash
City	State	Zip Code	M	Đ	Y	Amount
Columbus	ОН	43215	0 1	3 0	1 2	0.01
Full Name of Contributor		1	Registrat	ion Num	ber, if PA	С
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	• • • • • • • • • • • • • • • • • • •		Registrat	ion Num	ber, if PA	С
Street Address	Employer/Occu	pation/Labor Organization	n		Form (Cash, Check, etc.)	
						İ
City	State	Zip Code	М	D	Y	Amount
ony .					1 1	
Full Name of Contributor			Registrat	tion Num	iber, if PA	C
Fair Maine of Contributor			r Qg,avr.		,	.•
Constant Address	Employer/Oscu	ipation/Labor Organization				Form (Cash, Check, etc.)
Street Address	Employer/Occi	ipation/Cabor Organizatio	·11			t om (cash, check, cic.)
		Ja: 6 1	- 17	T 5	1 1/	
City	State	Zip Code	М	D	Y	Amount
					1 10 22	
Full Name of Contributor			Registra	tion Nun	nber, if P∧	AC .
Street Address	Employer/Occu	ipation/Labor Organizatio	n			Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
					<u> </u>	
Full Name of Contributor			Registra	tion Nun	iber, if P/	VC .
Street Address	Employer/Occi	pation/Labor Organizatio	on			Form (Cash, Check, etc.)
City _ C)	State	Zip Code	М	Ð	Y	Amount
333 NS X-S					1 1	1
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC .
= 50						
Street Address 1	Employer/Occ	upation/Labor Organizatio	on -			Form (Cash, Check, etc.)
	[, , , ,					
City City	State	Zip Code	М	D	Y	Amount
U EO		las out	"	-	1 1	i
Full Name of Controller (C. 43)			Registra	tion Nur	nber, if P	\C
Full Name of Conhibutor			, tegistie			
	E10	upation/Labor Organizatio				Form (Cash, Check, etc.)
Street Address	Employer/Occ	opacional organizano	7. 1			tom (cush, check, cic.)
		12: 0.1	1 32		1 0	Amount
City	State	Zip Code	M	D	Y	Amount
					<u> </u>	111 5
* Required for contributions over \$100 to statewide an						
If two or more employees contribute via payroll deduc	ction and exceed the aggregate of \$1	.00, the labor organization	of which the emplo	yees are	members	, it any, must