

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Page 1

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens to Re-Elect Amy Salay</b>							
Full Name of Contributor <b>Martha Cooper</b>					Registration Number, if PAC		
Street Address <b>6894 Running Dear Place</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$30.00</b>	
Full Name of Contributor <b>James Frazier</b>					Registration Number, if PAC		
Street Address <b>6017 Kenzie Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$150.00</b>	
Full Name of Contributor <b>Amy Salay</b>					Registration Number, if PAC		
Street Address <b>5789 Gaelic Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>	M <b>1</b>	D <b>1</b>	Y <b>3</b>	Amount <b>\$4.77</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 **\$184.77**