

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Adam Slane									
Full Name of Contributor James & Charolett McNerney							Registration Number, if PAC		
Street Address 171 Hickory Ridge Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Port Clinton		State OH		Zip Code 43452		M 0		D 8	
						Y 2		Amount \$50.00	
Full Name of Contributor Lloyd & Susan Drake							Registration Number, if PAC		
Street Address 5801 Lookout Blvd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 0		D 8	
						Y 2		Amount \$20.00	
Full Name of Contributor Steven & Kathleen Hoelzer							Registration Number, if PAC		
Street Address 2066 Widding Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 0		D 8	
						Y 2		Amount \$50.00	
Full Name of Contributor Anthony & Joy Dunnagan							Registration Number, if PAC		
Street Address 6321 Thorncrest Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Galloway		State OH		Zip Code 43119		M 0		D 8	
						Y 2		Amount \$100.00	
Full Name of Contributor Samantha Osborne							Registration Number, if PAC		
Street Address 1442 Bayshore Drive, Apt. 2A				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43204		M 0		D 8	
						Y 2		Amount \$50.00	
Full Name of Contributor David & Judith Argabright							Registration Number, if PAC		
Street Address 4954 London-Groveport Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Orient		State OH		Zip Code 43146		M 0		D 8	
						Y 2		Amount \$50.00	
Full Name of Contributor Larry & Nina Casbolt							Registration Number, if PAC		
Street Address 158 Norton Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43228		M 0		D 8	
						Y 2		Amount \$50.00	
Full Name of Contributor Justin Higgins							Registration Number, if PAC		
Street Address 2262 N. High St., Apt. O				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43201		M 0		D 8	
						Y 2		Amount \$250.00	

* 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 **\$620.00**