

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Adam Slane							
Full Name of Contributor Charlie & Linda Kiefer					Registration Number, if PAC		
Street Address 13925 Wagram Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State OH	Zip Code 43147	M 1	D 0	Y 1	Amount \$20.00	
Full Name of Contributor Anthony Brigano					Registration Number, if PAC		
Street Address 5601 Bonaventure Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43228	M 1	D 0	Y 1	Amount \$25.00	
Full Name of Contributor Wane & Cynthia Reeper					Registration Number, if PAC		
Street Address 203 Glenkirk Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State OH	Zip Code 43004	M 1	D 0	Y 1	Amount \$25.00	
Full Name of Contributor Bonnie Long					Registration Number, if PAC		
Street Address 4145 Sexton Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43228	M 1	D 0	Y 1	Amount \$20.00	
Full Name of Contributor Bethany Rhodes					Registration Number, if PAC		
Street Address 747 Washington St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Napoleon	State OH	Zip Code 43545	M 1	D 0	Y 1	Amount \$25.00	
Full Name of Contributor Mark & Marci Meadows					Registration Number, if PAC		
Street Address 53445 Sandpiper Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Orient	State OH	Zip Code 43146	M 1	D 0	Y 1	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 1	D 0	Y 1	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 1	D 0	Y 1	Amount \$100.00	

* 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 **\$315.00**