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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Citizens for Gahanna Parks and Recreation Full Name of Contributor				Registration Number, if PAC					
reet Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc			
ity	State	Zip Code	M	D	Y	Amount			
III Name of Contributor			Registr	ation Nu	mber. if	PAC			
reet Address	Employer/Occ	Employer/Occupation/Labor Organization*							
ty	State	Zip Code	M	D	Y	Amount			
Ill Name of Contributor	and the same of	Pegi				Registration Number: if PAC			
treet Address	Employer/Occ	upation/Labor Organiza	tion*			Form (Cash, Check, etc			
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reet Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc			
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ult Name of Contributor		·	Registr	ation No	imber, if	f PAC			
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alty	State	Zip Code	М	D	Y 	Amount			
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Greet Address	Employer/Occ	Employer/Occupation/Labor Organization/			n'				
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ireet Address	Employer/Occ	ation*			Form (Cash, Check, etc				
ity	State	Zip Code	М	D	Y	Amount			
ull Name of Contributor		_ <del></del>	Registr	ation N	umber. I	f PAC			
treet Address	Employer/Oct	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc			
lity	State	Zip Code	Тм	D	ΤΥ	Amount			

Required for contributions from individuals over \$100 to diatewide and general assembly candidates. If contribution 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 appear. [R.C. 3517.10(8)(4)]

Page Total \$ 0.00