## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

V								
Name of Committee in Full Citizens for Vacconoff								
Citizens for Yassenoff Full Name of Contributor		i	Panistent	ion Numb	er if DAC			
		İ	vefisusi	ion tamin	⊷i, ii FA\	C		
Tom Haeussler	In ( in )	7.1.0				E (C - 1 C - 1	-4-\	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
2505 Sherwin Road	Retired				Check			
City	1 - , , , 1	ip Code	M	D		Amount		
Upper Arlington	OH	43221		1 2	1 1		25.00	
Full Name of Contributor			Registrat	ion Numb	er, if PAC	с		
George Momirov								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2642 Clifton Road	Best Effort			l	Check			
City		ip Code	М	D	Y	Amount		
Upper Arlington	OH	43221	016	1 3	1   1		25.00	
Full Name of Contributor	1			ion Numb	er, if PA	Ċ	•	
Margaret Postle								
Street Address	Employer/Occupation	on/Labor Organization*				Form (Cash, Check, etc.)		
2375 Abington Road	Retired				į	Check	•	
City				G	Y	Amount		
1 ·	OH	43221	1	1 3	1   1		100.00	
Upper Arlington	10111	13221		tion Numb	1		100.00	
Full Name of Contributor			, censual	(TAILLE	, u r7N	-		
June Loving	E1	nn/Labor Organization#				Form (Cash, Check	etc.)	
Street Address	Employer/Occupation/Labor Organization*				•	.,		
10143 Juliana Circle	Retired			<u> </u>	ightharpoonup	Check		
City		ip Code	M	D	Y	Amount	E0 00	
Powell	OH	43065		1 4	1 1		50.00	
Full Name of Contributor		•	Registrat	tion Numb	er, it PA	.C		
Kim Williams		!				In		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check	c, etc.)	
2531 Sherwin Road	Homemal					Check		
City	1 1	ip Code	М	D	Y	Amount		
Upper Arlington	O   H	43221	0 6		1   1	L	25.00	
Full Name of Contributor			Registrat	tion Numb	er, if PA	.C		
Citizens for Bacon			L	_				
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					د, etc.)		
5325 Ponderosa Drive	Ohio House of Reps.			Check				
City				Y	Amount			
Columbua	OH	43231	E .	1 5	1111	<b>[</b>	150.00	
Full Name of Contributor	<u> </u>	1	Registra	tion Numb	per, if PA	.C		
		<u> </u>	1		,			
James Cowardin	Employed Co	on/l abor Organization*				Form (Cash, Check	C etc.)	
Street Address	Employer/Occupation/Labor Organization*					1		
2012 Pickwick Drive	Best Effort		М	MDY		Check Amount		
City	1	Zip Code	1		1	. c.rown	50.00	
Upper Arlington	OH	43221		1 5			50.00	
Full Name of Contributor Registration Number, if PAC								
Jennifer Morrison	<del> </del>					F (C : C	le men \	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2333 McCoy Road	Homemaker :			Check				
City		Zip Code	М	D	Y	Amount		
Upper Arlington	O   H	43220	0 6	1   5	1 1	l	50.00	

• 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	475.00