Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name FC 24 1 C P							
Name of Committee in Full							
Citizens for Harris Full Name of Contributor			10		1 2000		
TO Name of Continuin				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	, <u>,</u>		Registra	tion Num	ber, if PA	c	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, it P						C	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D ;	Y	Amount	
Full Name of Contributor	me of Contributor Registration Number, if Pa					Ċ	
Street Address	Employer/Occupation/Labor Organization* Form (Form (Cash, Check, etc.)		
City	State 1	Zip Code	M	D	Y	Amount	
Full Name of Contributor		 .	Registra	tion Num	iber, il PA	C	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Ý	Amount	
Fuli Name of Contributor Registration Number, if P						AC .	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D 1	Y	Amount	
Full Name of Contributor Registration Number, if I					iber, if P/	NC .	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D (Y	Amount	
Full Name of Contributor	<u> </u>	<u> </u>	Registra	ation Nun	nber, if P/	AC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	0.00