

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full AluttoforDublin						
Full Name of Contributor Sarah Saxton				Registration Number, if PAC		
Street Address 8948 Turin Hill Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) online	
City Dublin	State o h	Zip Code 43017	M 0 9	D 2 6	Y 1 5	Amount 100.00
Full Name of Contributor				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				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
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City	State	Zip Code	M	D	Y	Amount
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City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
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City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
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)]