

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Uttley</b>									
Full Name of Contributor <b>Nancy Bryner</b>						Registration Number, if PAC			
Street Address <b>5418 Richlanne Drive</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	<b>6</b>	<b>1</b>	Amount <b>25.00</b>
Full Name of Contributor <b>Robin Freeman</b>						Registration Number, if PAC			
Street Address <b>6888 Davis Road</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	<b>3</b>	<b>1</b>	Amount <b>350.00</b>
Full Name of Contributor <b>Charles Schneider</b>						Registration Number, if PAC			
Street Address <b>4492 Shire Mill Road</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	<b>3</b>	<b>1</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Vera Humes</b>						Registration Number, if PAC			
Street Address <b>4927 Berry Leaf Pl.</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>	State <b>O</b>	H <b>H</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>4</b>	Y <b>1</b>	<b>3</b>	<b>1</b>	Amount <b>15.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	H	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	H	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	H	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	H	Zip Code	M	D	Y			Amount

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ **640.00**