## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

N 20				·			
Name of Committee in Full							
Citizens for Uttley Full Name of Contributor							
				Registra	tion Num	ber, if PA	C
Nancy Bryner Street Address	- In .		<del> </del>				
	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Check, etc.)
5418 Richlanne Drive	<u> </u>			T	,		Check
City	1	ate	Zip Code	M	מ	Y	Amount
Hilliard	0	<u>H</u>	43026	0 4			25.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C
Robin Freeman						:	
Street Address	Employe	г/Оссира	ntion/Labor Organization				Form (Cash, Check, etc.)
6888 Davis Road			<del>,</del> -				Check
City	I	ate	Zip Code	М	D	Y	Amount
Hilliard		Н	43026	0 4	1 3	1 1	350.00
Full Name of Contributor				Registra	tion Nun	ber, if PA	С
Charles Schneider							v -
Street Address	Employe	r/Occupa	ation/Labor Organization			,	Form (Cash, Check, etc.)
4492 Shire Mill Road							Check
City	St	ate	Zip Code	М	D	Ŷ	Amount
Hilliard	O_	Н	43026	0 4	1 3	1 1	250.00
Full Name of Contributor				Registrat	tion Nur	ber, if PA	С
Vera Humes				1		5	1, 1
Street Address	Employe	r/Occupa	ntion/Labor Organization				Form (Cash, Check, etc.)
4927 Berry Leaf Pl.	ļ					•	Check
City	Sta	ate	Zip Code	М	D	Y	Amount
Hilliard	0	Η	43026	0 4	1 3	111	15.00
Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·		tion Nur	ber, if PA	<u></u>
Street Address	Employe	<del></del>			Form (Cash, Check, etc.)		
	İ						,
City	Sta	ate	Zip Code	М	D	Y	Amount
	1	!			1	1   1	
Full Name of Contributor			1	Registra	tion Nun	ber, if PA	c
Street Address	Employe				Form (Cash, Check, etc.)		
					,	•	, , , , , , , , , , , , , , , , , , , ,
City	Sta	ate	Zip Code	М	D	Y	Amount
	-  -		•	1	1		
Full Name of Contributor			<u> </u>	Registra	tion Num	ber, if PA	C
						,,	-
Street Address	r/Occupa	tion/Labor Organization			-	Form (Cash, Check, etc.)	
	Simpley of Georgianous Europe Organization						tome (case, cited, cit.)
City	St	ate	Zip Code	М	D	TY	Amount
			Zip cods	111	້	1 1	Anomi
Full Name of Contributor			<u> </u>	Registra	tion Num	her if PA	
Full Name of Contributor Registration Number, if PAC							•
Street Address Employer/Occupation/Labor Organization							Form (Coch Cheels -t-)
	Linhtoye	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)
City		State Zip Code			<u> </u>	T V	
Oily .	36	IIC	Zip Code	М	D	Y	Amount
* Required for contributions over \$100 to statewide and general assembly	17.1.4	16	3 - 10 - 1		<u> </u>		<u></u>

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