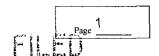
Statement of Contributions Received



Prescribed by Secretary of State 03/05

				5 PM I2+ 50 -
Name of Committee in Full Citizens for Brian Larick			em era ig igsge f	ປ [H /L' ປປ ສະດວະພະຕັ∀
Full Name of Contributor			Registration Mulber, BOARD U	TPAC TONIC
Brian Larick			BOAKO O	"'ELECTIONS
Street Address	Employer/Occur	pation/Labor Organization		Form (Cash, Check, etc.)
774 Hunters Glen Dr		JPM Chase		Cash
City	State	Zip Code	M D Y	
Gahanna	OH	43230	0 7 9 5 1	1 \$200.00
Full Name of Contributor		-	Registration Number,	ifPAC
David Robinson		1		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
734 San Marino Dr	Retired			Check
City	State	Zip Code	M D Y	Amount
Lady Lake	FL	32159	0 7 2 1 1	1 \$100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occur	pation/Labor Organization	<u>L</u>	Form (Cash, Check, etc.)
	Employer/Occu	patient tauer organization		
City	State	Zip Code	M D Y	Amount
	OH			
Full Name of Contributor			Registration Number,	if PAC
				•
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
	inproyet/Occu	Page 2 2000 O Gamzanon		
City	State	Zip Code	M _i D _i Y	Amount
	OH	1		
Full Name of Contributor		<u>. 1</u>	Registration Number,	if PAC
		i	j	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
	, ,			1
City	State	Zip Code	M D Y	Amount
	OH			
Full Name of Contributor		<u> </u>	Registration Number,	if PAC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
		•		
City	State	Zip Code	M D Y	Amount
	OH			
Full Name of Contributor			Registration Number,	ifPAC
			L	
rect Address Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
	OH			
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Number,	if PAC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
Į				
City	State	Zip Code	M D Y	Amount
	OH			

Page Total \$300.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]