31-A
R.C. 3517.10

Page 1

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
Citizens to Re-Elect Amy Salay

Full Name of Contributor	Registration Number, if PAC							
Jackie Stinchfield								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
265 Waterford Dr							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	OH	43017	10	04	13		$100.00	
Full Name of Contributor	**Registration Number, if PAC**							
Wilma Ehrlich								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5554 Brighton Hill Ln							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	OH	43016	10	04	13		$50.00	
Full Name of Contributor	**Registration Number, if PAC**							
Jeffrey S. Bennett								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5697 Grantham Ln							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	OH	43016	10	04	13		$75.00	
Full Name of Contributor	**Registration Number, if PAC**							
Pat Shinnick								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
St Fillans Ct							cash	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	OH		10	04	13		$50.00	
Full Name of Contributor	**Registration Number, if PAC**							
Scott Aliff								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5899 Haddler Ct							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	OH	43016	10	04	13		$75.00	
Full Name of Contributor	**Registration Number, if PAC**							
Lisa Dicks								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5988 Heather Glen							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	OH	43016	10	04	13		$25.00	
Full Name of Contributor	**Registration Number, if PAC**							
Jeffery Drerup								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
10711 Weymouth							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Powell	OH	43065	10	04	13		$20.00	
Full Name of Contributor	**Registration Number, if PAC**							
Christopher Cline								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6060 Post Rd							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	OH	43017	10	04	13		$50.00	

* 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)]

Page Total $445.00