

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Adam Slane									
Full Name of Contributor Adam Slane						Registration Number, if PAC			
Street Address 5330 Sawatch Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State OH		Zip Code 43228		M 0	D 6	Y 2	Amount \$54.00
Full Name of Contributor Susan Puhlman						Registration Number, if PAC			
Street Address 5330 Sawatch Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State OH		Zip Code 43228		M 0	D 6	Y 2	Amount \$100.00
Full Name of Contributor Maxwell Puhlman						Registration Number, if PAC			
Street Address 5330 Sawatch Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State OH		Zip Code 43228		M 0	D 6	Y 2	Amount \$100.00
Full Name of Contributor Maxwell & Susan Puhlman						Registration Number, if PAC			
Street Address 5330 Sawatch Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43228		M 0	D 6	Y 2	Amount \$46.00
Full Name of Contributor Nicholas Brusky						Registration Number, if PAC			
Street Address 173 Terra Ln.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Amherst		State OH		Zip Code 44001		M 0	D 7	Y 3	Amount \$50.00
Full Name of Contributor Nguyet Hua						Registration Number, if PAC			
Street Address 249 Regents Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43230		M 0	D 7	Y 3	Amount \$50.00
Full Name of Contributor John & Linda Slane						Registration Number, if PAC			
Street Address 680 N. Hague Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43204		M 0	D 7	Y 3	Amount \$100.00
Full Name of Contributor Helen Chapman						Registration Number, if PAC			
Street Address 680 N. Hague Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43204		M 0	D 7	Y 3	Amount \$100.00

* 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 **\$600.00**