## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	•					-	
Citizens for Rachael Dorothy							
Full Name of Contributor				Registration Number, if PAC			
Dave Nadolny							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
175 Kenbrook Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Worthington	OH	43085	017	0 6	1 2	35.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	C	
Joanne Fisher			1				
Street Address	Employer/Occu	pation/Labor Organizatio	n*			Form (Cash, Check, etc.)	
25595 Sun Sail Court						Pay Pal	
City	State	Zip Code	М	D	Y	Amount	
Harrison Township	$M \mid 1$	48045	017	0 2	112	25.00	
Full Name of Contributor	141	40040		ation Num			
Tail Name of Conditional			1.00				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor		<u></u>	Registr	ation Num	her if PA	C.	
Tur Name of Controllor			Region	at/001 240211	oci, ii i i		
Street Address	Employer/Occu	pation/Labor Organizatio				Form (Cash, Check, etc.)	
Silect Address	Employeroccu	pation Labor Organizatio	41			roim (casa, cheek, etc.)	
0.	State	Zip Code	М	D	ΙΥ	Amount	
City	State	Zip Code	, vi		] ;	Allouia	
5 1131 - 20 - 2 -			D. ive	ation Num	L CDA		
Full Name of Contributor			Registra	ation Num	iber, ii FA		
6	F1010					Form (Cash, Check, etc.)	
Street Address	EmployenOcci	pation/Labor Organizatio	ni.			roim (Casii, Cileck, etc.)	
		To a	<del></del>	1 5	1 12		
City	State	Zip Code	M	Đ	Y	Amount	
Full Name of Contributor			Registr	ation Num	ber, if PA	AC .	
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Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor			Registr	ation Num	ber, if PA	iC	
Street Address	Employer/Occu	pation/Labor Organizatio	on*			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor			Registr	ation Num	ber, if PA	C	
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City	State	Zip Code	М	D	Y	Amount	
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			<u> </u>	1		1	

Page Total	\$_	60.00
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<sup>\*</sup> 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 appear. [R.C. 3517.10(B)(4)]