

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Stephen M. Cicak									
Full Name of Contributor Jennifer Grubbs						Registration Number, if PAC			
Street Address 7613 Whisper Lane			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Okeana			State OH	Zip Code 45053		M 0	D 2	Y 0	Amount \$120.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH	Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH	Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH	Zip Code		M	D	Y	Amount
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City			State OH	Zip Code		M	D	Y	Amount
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City			State OH	Zip Code		M	D	Y	Amount
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City			State OH	Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH	Zip Code		M	D	Y	Amount

\* 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)]