

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Adam Slane</b>							
Full Name of Contributor <b>Barbara Boling</b>						Registration Number, if PAC	
Street Address <b>13365 London Rd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Orient</b>		State <b>OH</b>	Zip Code <b>43146</b>	M <b>1</b>	D <b>0</b>	Y <b>1 3 0 9</b>	Amount <b>\$35.00</b>
Full Name of Contributor <b>Mike &amp; Samantha Hartley</b>						Registration Number, if PAC	
Street Address <b>58 Bazler Ln.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>South Bloomfield</b>		State <b>OH</b>	Zip Code <b>43103</b>	M <b>1</b>	D <b>0</b>	Y <b>1 3 0 9</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Paula Levitt</b>						Registration Number, if PAC	
Street Address <b>4141 Lyon Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	M <b>1</b>	D <b>0</b>	Y <b>1 3 0 9</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Constance Cole</b>						Registration Number, if PAC	
Street Address <b>3536 Oarlock Ct.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>0</b>	Y <b>1 3 0 9</b>	Amount <b>\$20.00</b>
Full Name of Contributor <b>Steve Stivers</b>						Registration Number, if PAC	
Street Address <b>372 W. 2nd St.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>0</b>	Y <b>1 3 0 9</b>	Amount <b>\$100.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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)]

Page Total **\$230.00**