

# FOR PAPER FILING ONLY

## Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens For Tavares</b>					
Full Name of Contributor <b>Documentation ordered due to negligence of Treasurer</b>				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 <b>\$262.00</b>		
Full Name of Contributor <b>Documentation ordered due to negligence of Treasurer</b>				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 <b>\$1,000.00</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
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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 **\$1,262.00**