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## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

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Name of Committee in Full Citizens to Elect Dildine Trustee							
Full Name of Contributor International Association of Firefighte	rs	gepitalen Mallacen (Ada Salaman) er en bredelik kontre en	Registration N	umber, if PA	AC		
Street Address 1750 New York Avenue NW		pation/Labor Organization*			Form (Cash, Check, etc.) Check		
<sup>City</sup> Washington	Stalte DC	Zip Code 20006	1 0 0 2	2 0 9	Amount \$250.00		
Full Name of Contributor  AFL-CIO			Registration N	umber, if PA	AC		
Street Address 1545 Alum Creek Drive		Employer/Occupation/Labor Organization*  AFL-CIO			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	1 0 0 7	7 0 9	Amount \$250.00		
Full Name of Contributor James Galvin		Anna and an anna anna anna anna anna ann			Registration Number, if PAC		
Street Address 525 Bedford Court		Employer/Occupation/Labor Organization*  Madison Township Police Department			Form (Cash, Check, etc.) Check		
City Pickerington	State OH	Zip Code 43147	1 0 0 S	9 0 9	Amount \$200.00		
Full Name of Contributor			Registration N	umber, if PA	AC		
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M D	Y	Amount		
Full Name of Contributor			Registration N	umber, if PA	AC		
Street Address	Employer/Occu	pation/Labor Organization*		NEW TO DESCRIBE	Form (Cash, Check, etc.)		
City	Stalte OH	Zip Code	M D	Y	Amount .		
Full Name of Contributor			Registration N	umber, if P	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M D	Y	Amount		
Full Name of Contributor			Registration N	umber, if Pa	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M D	Y	Amount		
Full Name of Contributor			Registration N	umber, if Pa	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	Stalte OH	Zip Code	M D	Y	Amount		

Page Total \$700.00

<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 also appear. [R.C. 3517.10(B)(4)]