31-	Α		
R.C.	351	7.	10

Page _	

Statement of Contributions Received

Prescribed by Secretary of State 3/0

	t resemble to y	secretary of State 5/03						
Name of Committee in Full	<u> </u>							
Citizens for Clemens								
Full Name of Contributor	_		Registra	ution Num	ber, if P/	AC		
Revnoldsburg Republican Club			i i					
Street Address	Employer/Occi	upation/Labor Organization*		_		Form (Cash, Check, etc.)		
8175 Priestley Dr		, ,				Check		
City	State	Zip Code	М	LD	Y			
Revnoldsburg	O H		I	D		Amount		
Full Name of Contributor		43000		1 1	1 5			
			Registra	tion Num	ber, it P/	IC .		
Street Address	Funlover/Occi	ipation/Labor Organization*				Form (Coult Charle 44)		
	i amping en ceet	spation baloot Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y			
	1	Zip Code	"	"	' '	Amount		
Full Name of Contributor	<u></u>		Davista.	<u> </u>	1 2016			
			Registra	tion Num	ber, if PA	ic .		
Street Address	Employer/Occi	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
	\(\partial\)	-purious buroon Organization				roim (Casii, Check, etc.)		
City	State	Zip Code	Тм	D	Y	Amount		
			<i>"</i> ''	ľ	1	Amoun		
Full Name of Contributor			Rogictes	tion Num	bor if DA	C		
					Registration Number, if PAC			
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)		
	Limpioy en occi	pandir tator Organization				roim (Casii, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
•	i	2.5 3.23	"	Ιĭ	l î	Autoun		
Full Name of Contributor			Pugietea	tion Num	hor if DA	<u> </u>		
			Registia	non mun	oci, ii ra	ic.		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
	i i i i i i i i i i i i i i i i i i i	pation East Organization				t offit (Casil, Check, etc.)		
City	State	Zip Code	М	D	Y	A		
•) Siace	Zip Code	"	l	, ' ₁	Amount		
Full Name of Contributor		<u> </u>	Paristers	 	::::::::::::::::::::::::::::::::::::::			
Table of Collingian			Registra	tion Numi	ber, if PA			
Street Address	Employer/Occu	pation/Labor Organization*				Fee (Cost Charles as)		
	i sinployer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code			V			
cu,	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			<u> </u>		'CTL4			
thi Name of Computor			Registrat	ion Numl	per, if PA	C		
Street Address	Employer/Occur	pation/Labor Organization*				F (C-1 C1 1		
Siver risuless	ishipioyen/occu	padon/Laoor Organization*				Form (Cash, Check, etc.)		
City		72: 0 1		_				
cny	State	Zip Code	М	D .	Y	Amount		
Full Name of Contributor					100			
m Name of Controllor			Registrat	ion Numl	oer, if PA	С		
Street Address	Emple : 70 :	nation (Lab Orange Control				E 40 L 0		
ATTOCK FAMILESS	isinployer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		Tay 0.1						
Zny	State	Zip Code	M	D	Y	Amount		
united for contributions from individuals over \$100 to statewide and								

* 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)]

Page Total \$ 200.00