Page

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
CITIZENS FOR HENNEBERT								
Full Name of Contributor				Registration Number, if PAC				
DEBRA HENNEBERT								
Street Address	Employer/Occ	upation/Labor Organization*		<u></u>		Form (Cash, Ch	eck, etc.)	
528 LETCHWORTH				CHECK				
City	State	Zip Code	М	D	Y	Amount		
AKRON	O H	44303	1 0	1 1 0	1 3	ł	100.00	
Full Name of Contributor			Registr	ation Nun	iber, if Pa	AC		
TED SCHINDLER			i					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
3380 TREMONT						CHECK	(
City	State	Zip Code	M	D	Y	Amount		
UPPER ARLINGTON	OIH	43221	1 1	1110	1 3	Į	50.00	
Full Name of Contributor			Registr	Registration Number, if PAC				
CLAIRE MARVIN								
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
10299 JOHNSTOWN RD						CHECK		
City	State	Zip Code	М	D	Y	Amount	<u> </u>	
NEW ALBANY	ОГН	1 '	L I	310		1	250.00	
Full Name of Contributor		10001		ation Nun			200.00	
ERIC RICHTER					,			
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Ch	eck etc)	
311 S FIFTH ST						CHECK		
City	State	Zip Code	М	D	Y	Amount		
COLUMBUS	ОГН	1 '	1 1	3 0		I .	50.00	
Full Name of Contributor	1 0 1	10220		ation Nun			50.00	
			1		,			
Street Address	Employer/Occ	upation/Labor Organization*	-			Form (Cash, Check, etc.)		
						,,		
City	State	Zip Code	М	D	Y	Amount		
[1		17	1	1		
Full Name of Contributor		_ <u></u>	Registr	ation Nun	ber, if Pa	AC		
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Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck etc l	
							,	
City	State	Zip Code	М	D	Y	Amount		
[]				1-	1			
Full Name of Contributor			Registr	ration Nun	her if P	AC.		
Street Address	Employer/Occ	upation/Labor Organization*		_		Form (Cash, Ch	eck etc i	
	2	apamort manar a . Sarii minori				i oran (oasa, or	icer, erc.)	
City	State	Zip Code	М	TD	Y	Amount		
["	1	Z.p couc	"		1 1	I mount		
Full Name of Contributor			Degicts	ration Nur	abor if D	<u> </u>		
			L'ego.	wagti 14Gi	moet, a 17	no.		
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Ch	neck etc.)	
	[2\$1.0, 0.7000	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
City	State	Zip Code	M	D	ΙΥ	Amount		
1 ^			"	1	1	J		
	<u> </u>		11		1 1	<u> </u>		

* 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 \$	450.00