

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens To Retain Hood</b>							
Full Name of Contributor <b>Reynoldsburg Republican Club</b>					Registration Number, if PAC		
Street Address <b>8175 Priestley Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$400.00</b>	
Full Name of Contributor <b>Luftman Heck &amp; Assoc. - Benjamin Luftman</b>					Registration Number, if PAC		
Street Address <b>580 East Rich 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>2</b>	Amount <b>\$250.00</b>	
Full Name of Contributor <b>Michael Smith</b>					Registration Number, if PAC		
Street Address <b>169 Mill Race St.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Granville</b>	State <b>OH</b>	Zip Code <b>43023</b>	M <b>1</b>	D <b>1</b>	Y <b>1</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	
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 **\$750.00**