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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					· · · ·				
•									
Citizens for Judge Amy Salerno Full Name of Contributor				Danietro	tion Num	ber, if PA	C		
				Rogistia	MOII IVOII	ioci, il i r	ic.		
William J. Napier Street Address	I E-mail array	·/Classina	otice/Labor Organization*				Form (Cash, Check, etc.)		
	Employer	//Occupa	ation/Labor Organization*						
2105 Fairfax Road			In a	1	1 %		Check #741		
City Columbus	Sta	ite H	Zip Code 43221	$\begin{vmatrix} \mathbf{M} \\ 1 \end{vmatrix} 1$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix} 4$	$\begin{bmatrix} \mathbf{y} \\ 0 \end{bmatrix} 5$	Amount 200.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	C		
K. Susan Corbin									
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
4460 Hoover Road							Check #2665		
City	Sta	te	Zip Code	М	D	Y	Amount		
Grove City	\circ	Н	43123	1 1	0 4	0 5	200.00		
Full Name of Contributor			40120						
Full Name of Contributor Registration Number, if PAC Joseph D. Finneran									
Street Address	Employer	/Occups	ation/Labor Organization*	1		-	Form (Cash, Check, etc.)		
	Employer	голоци	adon/Labor Organization				, , ,		
1650 Essex Road	Sta		Zip Code	LM	D	Y	Check #6875		
City		Н	1 '	M	1 .	1			
Columbus	0	11	43221	1 1	$0 \mid 4$	0 5	500.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	C		
Ric Moore				<u> </u>					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
3248 W. Henderson Rd.						_	Check # 1081		
City	Sta	te	Zip Code	M	D	Y	Amount		
Columbus	0	Н	43220	1 1	0 4	0 5	500.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	vC.		
Sallynda Rothchild Dennison				1					
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
500 S. Front St., Suite 102							Check #3221		
City	Sta	te	Zip Code	M	D	Y	Amount		
Columbus	o	Н	43215	1111	0 4	0 5	100.00		
Full Name of Contributor	A			Registra		ber, if PA	_		
Brad Hennebert									
Street Address Employer/Occupation/Labor Organization* Form (Cash, Chec									
7680 Morse Rd.							Check #127		
City	Sta	te	Zip Code	ТМ	D	Y	Amount		
New Albany	0	Н	43054	1	1	0 5	50.00		
Full Name of Contributor			1 43034			ber, if PA			
Franklin County Republican Party				r.c.g.stru	uon 146m				
Street Address	Translava	/Occurs	tion/Labor Oppositation#			•	Form (Cash, Check, etc.)		
14 E. Gay St. 2nd Floor	ļ	 	Tation and the same of the sam	1 32	<u> </u>		Check #0289		
City	Sta		Zip Code	M	D	Υ	Amount		
Columbus		Н	43215	1 0		0 5	10,000.00		
Full Name of Contributor Registration Number, if PAC									
CONTRIBUTIONS TRANSFERRED FROM FORM NO. 31-E									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
<u>t</u>	.]								
City	Sta	te	Zip Code	М	D	Y	Amount		
			<u> </u>	1 1	0 3	0 5	1,945.00		

^{*} 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)]