

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 William J. Napier						Registration Number, if PAC						
Street Address 2105 Fairfax Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #741					
City Columbus		State O H		Zip Code 43221		M 1 1		D 0 4		Y 0 5		Amount 200.00
Full Name of Contributor K. Susan Corbin						Registration Number, if PAC						
Street Address 4460 Hoover Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #2665					
City Grove City		State O H		Zip Code 43123		M 1 1		D 0 4		Y 0 5		Amount 200.00
Full Name of Contributor Joseph D. Finneran						Registration Number, if PAC						
Street Address 1650 Essex Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #6875					
City Columbus		State O H		Zip Code 43221		M 1 1		D 0 4		Y 0 5		Amount 500.00
Full Name of Contributor Ric Moore						Registration Number, if PAC						
Street Address 3248 W. Henderson Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check # 1081					
City Columbus		State O H		Zip Code 43220		M 1 1		D 0 4		Y 0 5		Amount 500.00
Full Name of Contributor Sallynda Rothchild Dennison						Registration Number, if PAC						
Street Address 500 S. Front St., Suite 102			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #3221					
City Columbus		State O H		Zip Code 43215		M 1 1		D 0 4		Y 0 5		Amount 100.00
Full Name of Contributor Brad Hennebert						Registration Number, if PAC						
Street Address 7680 Morse Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #127					
City New Albany		State O H		Zip Code 43054		M 1 1		D 0 4		Y 0 5		Amount 50.00
Full Name of Contributor Franklin County Republican Party						Registration Number, if PAC						
Street Address 14 E. Gay St. 2nd Floor			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check #0289					
City Columbus		State O H		Zip Code 43215		M 1 0		D 3 1		Y 0 5		Amount 10,000.00
Full Name of Contributor CONTRIBUTIONS TRANSFERRED FROM FORM NO. 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
						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)]