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Page	2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full Citizens for Visiti Deblice											
Citizens for Kristi Robbins Full Name of Contributor							***************************************				
				Keg	nstrati	ion Nu	mber	, if PA	.C		
Vinny Sue Herwig	In 1 10										
Street Address	Employer/U	ccupatio	on/Labor Organization*						F	form (Cash, Check, etc.)	
101 Commerce Park Drive	<u></u>					·····				check	
City	State		Zip Code	M		D		Y	8	Amount	
Westerville	0	H	43082	0				0		25.00	
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Michael J. Wasylik											
Street Address	Employer/0	ccupatio	on/Labor Organization*	400000000	a constitution of the cons			Sicken manufacture	F	form (Cash, Check, etc.)	
387 Farmeadow Drive										check	
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John R. Neighbors											
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167 Baranof W										check	
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UII.	State		Zip Code	М		D		Y	A	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 appear. [R. C. 3517.10(B)[4]]