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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						<u> </u>		
Citizens for Maria Klemack Full Name of Contributor			Iniaa	er e Ni	-bara iena	A.C.		
Committee for Jim Hughes Bradley Sinnott			Registration Number, if PAC					
Street Address		pation/Labor Organization*				Francisco Charles and		
	EmployenOccup				Form (Cash, Check, etc.)			
52 E Gay Street		Ta: 0 1				Check		
City Columbus	State O h	Zip Code 43215	М 0 9	$\begin{bmatrix} D \\ 0 \end{bmatrix}$	$\begin{bmatrix} Y \\ 1 & 1 \end{bmatrix}$	Amount 250.00		
Full Name of Contributor	10 11	43213			$1 \frac{1}{1}$			
Grove City Area Republican Club			Registra	atton tvun	iber, ir i z	10		
Street Address	Employur/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)		
	Biliployer/occu	pation/tabor Organization						
2579 Scott Court	Stat.	7:- C-4-	1 31	1 5	1	Check		
	State	Zip Code	M	D	Y	Amount		
Grove City Area Republican Club	O h	43123		1.0				
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Full Name of Contributor			Registra	ation Nun	iber, if PA	AC .		
reet Address Employer/Occupation/Labor Organization*				Phone (Cook Charle ata)				
Street Address	Employer/Occul	pation/Labor Organization*				Form (Cash, Check, etc.)		
C	- Carra	(F- C- 1)	1 14	1 5	1 7	A		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Davins	ntion Mun	iber, if P/	A.C.		
i un tvaine of Contributor			Registi	ation isun	ibet, it t /	10		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	ΙΥ	Amount		
chy	State	zip code	141	"	'	Amount		
Eall Name of Contributor			Daniatu	arian Nun	shop if D	1C		
Full Name of Contributor Registration 1						ic .		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash Charle eta)			
Street Address	Employer/Occu				Form (Cash, Check, etc.)			
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Full Name of Contributor			Registra	ation Nun	iber, if PA	AC .		
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Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
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City	State	Zip Code	M	D	Y	Amount		
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Full Name of Contributor Registration Number, if Pr						AC		
Street Address Employer/Occupation/Labor Organization*						To the second		
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
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City	State	Zip Code	М	D	Y	Amount		
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• 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 \$ 350.00