

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Fulton									
Full Name of Contributor John W. Brant						Registration Number, if PAC			
Street Address 2605 Bryan Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Croove City		State OH		Zip Code 43123		M 09		D 10	
						Y 15		Amount \$50.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		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		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		Zip Code		M		D	
						Y		Amount	
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City		State		Zip Code		M		D	
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City		State		Zip Code		M		D	
						Y		Amount	
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Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		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 \$ _____