## **Statement of Contributions Received**

Page	 1

Prescribed by Secretary of State 03/05

Name of Committee in Ful!									
Citizens For Fo	1420)					_			
Full Name of Contributor	1 10:0		Registi	mtion ]	Numb	r if P	ÄΓ		
John W. Bran	<i>\</i> +				· Tenano	#1, 1a a.	ne		
Street Address		tion/Labor Organization*					Form (Cash, Check, etc.)		
2005 Bryan Circle	€						Check		
City	State	7.ip Cride 43123	M	, D	_	۷ ا ح	Amount		
Full Name of Contributor	100	(316)	Registr		C	د   ۱ بور:	\$50.00		
\			Kog	anon.	Yum o.	il, 11 12	AC.		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
			<u> </u>						
City	State	Zip Code	M	D		Y	Amount		
Full Name of Contributor			Registration Number, if PA				AC		
i			Negation Names, in the						
Street Address	Employer/Occupat	tion/Labor Organization*	<del></del>				Form (Cash, Check, etc.)		
City	0:-4	Te: 6.1	, .,	_,,		,			
City	State	Zip Code	M			Y	Amount		
Full Name of Contributor	<u> </u>		Registr	ation N	lumbe	r if P/	AC:		
						•• •• • •			
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
c.	<u> </u>	1 0 /	·	-1		_			
City	State	Zip Code	Mi	4		Y	Amount		
Full Name of Contributor			Registr	ation N	lumbe	r if PA	AC		
						,			
Street Address	Employer/Occupat	ion/Labor Organization	<u>.</u>				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D		Ÿ	Amount		
Full Name of Contributor			Registra	ation N	umbe	r if PA	AC		
			******		. •	.,			
treet Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
					- <u> </u>				
City	State	Zip Code	M	D		Ϋ́]	Amount		
Full Name of Contributor			Registra	nion N	- Insthe	- ir þa	C		
The state of the s			Kegiani	anon .	um.				
Street Address	Employer/Occupati	ion/Labor Organization	L				Form (Cash, Check, etc.)		
City	State	Zip Code	Mi	Di		Y	Amount		
Full Name of Contributor	<u> </u>		Danietre	tion N		I PA			
Pull Name of Conditionor			Registre	iiion as	Umuz	f, 11 rza			
Street Address	Employer/Occupati	ion/Labor Organization*	<b>I</b>				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D		Y	Amount		

Page Total \$

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)]