

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Uttley							
Full Name of Contributor Catherine Hirst					Registration Number, if PAC		
Street Address 6190 Jeffrelyn Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 3	D 0 1	Y 1 1	Amount 100.00	
Full Name of Contributor Patricia L. King					Registration Number, if PAC		
Street Address 4110 Scioto Run Ct.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 3	D 0 1	Y 1 1	Amount 50.00	
Full Name of Contributor James W. Uttley					Registration Number, if PAC		
Street Address 675 Dennison Avenue		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 0 1	Y 1 1	Amount 50.00	
Full Name of Contributor John R. Vertal					Registration Number, if PAC		
Street Address 5492 Brixton Ct.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 3	D 0 1	Y 1 1	Amount 20.00	
Full Name of Contributor Elverna Wolpert					Registration Number, if PAC		
Street Address 4786 Davidson Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 3	D 0 1	Y 1 1	Amount 100.00	
Full Name of Contributor Charles William Buck					Registration Number, if PAC		
Street Address 4814 Canterwood Ct.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 3	D 1 4	Y 1 1	Amount 200.00	
Full Name of Contributor Connie Graham					Registration Number, if PAC		
Street Address 3666 Colonial Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 3	D 3 1	Y 1 1	Amount 50.00	
Full Name of Contributor Phyllis M. Reynolds					Registration Number, if PAC		
Street Address 3870 Stonesthrow Ct.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 4	D 0 1	Y 1 1	Amount 25.00	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 595.00