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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

		·						
Name of Committee in Full								
Citizens for Leo Knoblauch								
Full Name of Contributor			Registr	ation Num	ber, if PA	.C		
Citizens for Leo Knoblauch		•						
Street Address	Employer/Occi	pation/Labor Organization*	- <del></del> -			Form (Cash, Check, etc.)		
353 Fairway Blvd						Bank Doposit		
City	State	Zip Code	М	D	Y	Amount		
Whitehall	O   H	43213	1016	0 1	1 5	164.26		
Full Name of Contributor		10210		ation Num				
Leo J. Knoblauch II					,			
Street Address	Ir1(0	pation/Labor Organization*				Form (Cash, Check, etc.)		
	Employer/Occi	ipation Labor Organization				, , ,		
353 Fairway Blvd				1 =	F	Check		
City	State	Zip Code	M	D .	Y.	Amount		
Whitehall	O   H	43213	1 0	1 7	1 5	300.00		
Full Name of Contributor			Registr	ation Num	iber, if PA	c		
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Check, etc.)		
City T	State	Zip Code	М	T D	ΙΥ	Amount		
	1			1 1	Lί			
Full Name of Contributor	!	<u>, l</u>	Pagistr	ation Num	her if DA			
ran Name of Contributor			Kegisti	anon sem	ioci, ii i z			
						F (0 ) G ( )		
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
				1 !				
Full Name of Contributor			Registr	ation Nurr	ber, if PA	i.C		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	' '	•						
City	State	Zip Code	М	D	ΙΥ	Amount		
City	546	asp code	1 "			2.1042.1		
5 P. J. CO 7			Design		har iCDA	<u> </u>		
Full Name of Contributor			Kegisti	ation Nun	iber, ir PA	it.		
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
						_		
Full Name of Contributor	•		Registr	ation Nun	ber, if PA	AC .		
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)		
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Cir.	State	Zip Code	M	Ð	Y	Amount		
City	1 31	Zip Code	"i	l i	1			
			Danish	nian Nun	har if DA			
Full Name of Contributor			Registi	ation Nun	noci, ii PA	ıc		
	I					F (0 ) 6" ; ;		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
	<u> </u>	<u> </u>				<u></u>		
City	State	Zip Code	M	D	Y	Amount		
1				i		<u> </u>		
				_				

• 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 \$ 464.26