

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Corbin							
Full Name of Contributor Judith A. Malino						Registration Number, if PAC	
Street Address 1 Mirnova Pl. # 1105				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ck	
City Columbus		State OH		Zip Code 43123		M D Y 1 0 0 5 1 1 Amount 50⁰⁰	
Full Name of Contributor Kelli A. Mulligan - Stamm						Registration Number, if PAC	
Street Address 2372 Kittred Ct.				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ck	
City Grove City		State OH		Zip Code 43123		M D Y 1 0 0 5 1 1 Amount 20⁰⁰	
Full Name of Contributor Deborah J. Buzza						Registration Number, if PAC	
Street Address 1700 Dyer Road				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ck	
City Grove City		State OH		Zip Code 43123		M D Y 1 0 0 5 1 1 Amount 100⁰⁰	
Full Name of Contributor Cynthia Koch						Registration Number, if PAC	
Street Address 3971 Hoover Rd				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ck	
City Grove City		State OH		Zip Code 43123		M D Y 1 0 0 5 1 1 Amount 50⁰⁰	
Full Name of Contributor Theodore Statton						Registration Number, if PAC	
Street Address 5960 Grant Run Pl				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ck	
City Grove City		State OH		Zip Code 43123		M D Y 1 0 0 7 1 1 Amount 50⁰⁰	
Full Name of Contributor Donna J. Gruen						Registration Number, if PAC	
Street Address 2399 White Road				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ck	
City Grove City		State OH		Zip Code 43123		M D Y 1 0 0 7 1 1 Amount 50⁰⁰	
Full Name of Contributor James A. Bauck						Registration Number, if PAC	
Street Address 1111 London-Groveport Road				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ck	
City Grove City		State OH		Zip Code 43123		M D Y 1 0 0 7 1 1 Amount 100⁰⁰	
Full Name of Contributor Betty L. Evans, POA James W. Evans						Registration Number, if PAC	
Street Address 4132 Arbutus				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ck	
City Grove City		State OH		Zip Code 43123		M D Y 1 0 0 7 1 1 Amount 100⁰⁰	

* 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 \$ **520⁰⁰**