## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Name of Committee in Full  Citizens for Cahanna Parks	and Pageagian						
Citizens for Gahanna Parks Full Name of Contributor	and Recreation		Registr	ation No	mber if I	240	
Jan Ross			Legisu.	Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization		ion*			Form (Cash, Check, etc.)	
1282 Bayboro Drie		City Barbeque				Cash	
City	State Zip Code		I M	D	Y	Amount	
New Albany	O H	1 '	1 2	1	1 7	0.01	
Full Name of Contributor					Registration Number, if PAC		
Street Address	Employar/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Sueet Address	Employer/occ	2011		offit (Casif, Circux, Cic.)			
City	State	Zip Code	М	D	Y	Amount	
				1	پنیا		
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			Form (Cash, Chec		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor		<u></u>	Registr	ation Nu	mber if I	AC	
Tall to Commond				Registration Number, if PAC			
Street Address Employer/Occupation/Labor Organizat			ion*	n* Form (Cash, Check, etc.)			
					T		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor		<u> </u>	Registr	ation Nu	mber, if I	PAC	
reet Address Employer/Occupation/Labor Organiza			tion*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
		<u> </u>		<u> </u>			
Full Name of Contributor	<del>-</del>		Registr	ation Nu	mber, if I	PAC	
Street Address	Employer/Occ	ion*			Form (Cash, Check, etc.)		
r Address							
City	State	Zip Code	M	D	Y	Amount	
				1			
Full Name of Contributor			Registr	Registration Number, if PAC			
Street Address	Employer/Ωec	unation/Labor Organizat	tion*			Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organizatio							
City	State	Zip Code	М	D	Y	Amount	
				<u> </u>			
Full Name of Contributor			Registr	ation Nu	mber, if l	PAC	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	'	<u> </u>		<u> L.</u>			

Page Total \$ 0.01

<sup>\*</sup> 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)]