Page <u>2</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Control and T. P. M	•					· · · · · · · · · · · · · · · · · · ·
Name of Committee in Full						
Citizens for Rachael Dorothy Full Name of Contributor			Paris	tion N.	ber, if PA	C
			registra	IIIVI INUII	iuci, ti l'A	
Worthington Republican Women Street Address	Empleyer/Oc	pation/Labor Organization*	_L			Form (Cash, Check, etc.)
	Employer/Occup	жиоп/даног с, rgantzation*				
430 Riley Avenue	Ctata	Zip Code	l M	I D	T v	Check Amount
City IA/ on the one	State O H	43085	$\begin{vmatrix} M \\ 1 \end{vmatrix} 0$	D	1 1	25.00
Worthington Full Name of Contributor	OH	1 40000		3 0	1 1 1 iber, if PA	
Pull Paire of Controllor			registra	won mun	ivei, ii rA	
Street Address	Employer/Occur	nation/Labor Organization*	Ь			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
1	1	1.				
Full Name of Contributor	1 1	<u> </u>	Registra	tion Nun	iber, if PA	C
Street Address	reet Address Employer/Occupation/Labor Organization* Form (Cash, Check,					Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	İ					
Full Name of Contributor	· ·		Registra	tion Nun	iber, if PA	С
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
			····			
City	State	Zip Code	М	D	Y	Amount
		<u> </u>				<u> </u>
Full Name of Contributor			Registra	ation Nun	nber, if PA	.C
						Vi (a) a
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
0.	2: :	17:- 0-1-	1	1 5	T 17	
City	State	Zíp Code	M	D	Y	Amount
	!		D:	ation Ni	phon (CDA	<u> </u>
Full Name of Contributor			Kegistr	ation Nur	nber, if PA	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
City	State	Zip Code	М	D	Y	Amount
	State	D.p Couc	1 "	ĺĭ	1 i	
Full Name of Contributor			Registr	ation Nur	nber, if PA	AC
					., • •	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
		č]
City	State	Zip Code	M	D	ΤΥ	Amount
		1				
Full Name of Contributor			Registr	ation Nur	nber, if PA	NC .
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
	1					_
City	State	Zip Code	М	D	Y	Amount
		<u> </u>				

Page Total S	25.00

^{*} 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)]