

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Tim Lecklider / Citizens to Reelect Lecklider							
Full Name of Contributor Christopher R. Young						Registration Number, if PAC	
Street Address 7026 Violet Veil Ct				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dublin		State Ohio		Zip Code 43016		M D Y 1 0 1 6 1 3 Amount 100.00	
Full Name of Contributor Sharon Young						Registration Number, if PAC	
Street Address 7026 Violet Veil Ct				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dublin		State Ohio		Zip Code 43017		M D Y 1 0 1 6 1 3 Amount 100.00	
Full Name of Contributor Michael Keenan						Registration Number, if PAC	
Street Address 7103 Coventry Woods				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dublin		State Ohio		Zip Code 43017		M D Y 1 1 0 4 1 3 Amount 100.00	
Full Name of Contributor Asriel C. Strip						Registration Number, if PAC	
Street Address 5882 Arushire Dr				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dublin		State Ohio		Zip Code 43017		M D Y 1 1 0 4 1 3 Amount 50.00	
Full Name of Contributor Cap Clegg						Registration Number, if PAC	
Street Address 5334 Mc Ginty Ct				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dublin		State Ohio		Zip Code 43017		M D Y 1 1 0 5 1 3 Amount 100.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M D Y Amount	

* 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 \$

450.00