Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			3.00	del ser les menoses				
Citizens for Johnson								
Full Name of Contributor			Registration Number, if PAC					
SWEA-EPAC		09-88						
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4074 Hoover Road						check		
City	State	Zip Code	М	D	ΙΥ	Amount		
Grove City	OIH	43123	1 0	1 5	09		2,000.00	
Full Name of Contributor		July July July 2000 CV		Name and Address of the Owner, where the	ber, if PA	C		
Tanet Lester					-			
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2821 Homecomer Drive		1				check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	OH	43123		16 6	0 9		200.00	
Full Name of Contributor		TO Show					<i>31</i> .00.00	
Full Name of Contributor William Phillis Registration Number, if PAC								
Street Address	[Employer/Occupy	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1019 Torrey Hill Drive	Limpio, di Godapi	Lampley of Occupation Labor Organization				check		
City \	State	Zip Code	М	D	Y	Amount		
	OIH	43123	10				200.00	
Grove City Full Name of Contributor		TOLAN				C	2.00.00	
Beth Glitt				Registration Number, if PAC				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash,	Check, etc.)	
	Limployen Occupa	- (check			
6748 Lakeview Circle	State	Zip Code	M	D	Y	Amount		
1 -	O H	43110	60		1	i i i i i i i i i i i i i i i i i i i	50.00	
Canal Winchester Full Name of Contributor		40110			ber, if PA		20.00	
			Rogistia	11011 14411	, n 1 1			
Kevin Langen Street Address	Employer/Occup				Form (Cash,	Check etc.)		
	Employer/Occup				check			
5020 Dublin Road	State	Zip Code	М	D	Y	Amount		
City		i .	1 0		ī	Zinoune	50.00	
Dublin		<u> 4</u> 3017	removed to the contract of the	Announcement of the second	alemaanin hoonaa	C	JU.UU	
Full Name of Contributor Registration Number, if PAC								
Barbara C. Shaner	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
Street Address	EmployenOccup				check			
2750 Kropp Road	State	Zip Code	I M	D	ΙΥ	Amount	**************************************	
City		I .	1160		0 9		30.00	
Grove City		43123					30.00	
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
					arganoma de monocolorino		annagacous santanaon markatana an de chairtean	
City	State	Zip Code	М	D	Y	Amount	ethe area on	
							0.00	
Pull Name of Contributor Registration Number, if					ber, if PA	AC .		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Dieser ratioss	Zimproyen Occup						. ,	
City	State	Zip Code	M	D	Y	Amount		
Ony .	State		"				0.00	
T ·		1				1	U.UU	

* 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 \$ 2,530.00