31-A R.C. 3517.10

FOR PAPER FILING ONLY Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to re-elect Edward Dildine			· ·		
Full Name of Contributor IBEW PAC Voluntary	 		Registration Number, if PA	AC	
Street Address 900 Seventh Street N.W.	Employer/Occupation/Labor Organization*		-	Form (Cash, Check, etc.) CK	
City Washington	DC 🔽	Zip Code 20001	0 7 3 0 1 3	Amount \$500.00	
Full Name of Contributor Crabbe, Brown and James			Registration Number, if Pa	AC	
Street Address 500 South High Street	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43209	0 8 0 8 1 3	Amount \$100.00	
Full Name of Contributor Columbus Franklin County AFL-CIO-PCE Registration Number, if PAC					
Street Address 1545 Alum Creek Drive	Employer/Occupat	tion/Labor Organization	-	Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43209	0 7 1 8 1 3	Amount \$400.00	
Full Name of Contributor . Regil IBEW PAC Voluntary				AĈ	
Street Address 900 Seventh Street N.W	Employer/Occupat IBEW	ion/Labor Organization*		Form (Cash, Check, etc.)	
City Washington	State DC 🔽	Zip Code 20001	0 9 1 8 1 3	Amount \$250.00	
Full Name of Contributor United Steel Workers	Registration Number, if Pa	AC			
Street Address 777 Dearborn Park Lane	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43085	1 0 1 0 1 3	Amount \$500.00	
Full Name of Contributor Barbara Miller	Registration Number, if PAC				
Street Address 6293 Ballmer Road	Employer/Occupation/Labor Organization*		-	Form (Cash, Check, etc.)	
City Canal Winchester	State OH	Zip Code 43110	M D Y D 7 1 8 1 3	Amount \$100.00	
Full Name of Contributor Aimer Marburger			Registration Number, if P.	· .	
Street Address 170 Green Avenue	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City Groveport	State OH	Zip Code 43215	M D Y 0 7 1 1 3	**************************************	
Full Name of Contributor Alissa Lacey			Registration Number, if P.		
Street Address 153 Green Avenue	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)	
City Groveport	State OH	Zip Code 43215	M D Y 1 3	**Amount	

Page Total \$1,930.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]