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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for a Strong Gahann	na		т.			
Full Name of Contributor			Registra	ation Num	ber, if PA	C
John Becker	·- ₁					<u> </u>
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
466 Whitson Drive						Credit Card
City	State	Zip Code	M	D	Y	Amount
Gahanna	O H	43230		210		
Full Name of Contributor			Registra	ation Num	ber, if PA	C
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount
					<u> </u>	
Full Name of Contributor	-		Registra	ation Num	iber, if PA	.c
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
		7' · C-1-	М	Q [ΙΥ	Amount
City	State	Zip Code	M	"	'	Ampanit
Full Name of Contributor			Registr	ation Num	ber if PA	
Fur Name of Conditionor			110,5			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
_	i					
Full Name of Contributor		-	Registr	ation Num	iber, if PA	AC .
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
<u> </u>		Tax (0.1)		D	Y	Amount
City	State	Zip Code	I WI		1 1	Allouin
			Penistr	ation Nurr	ther if PA	<u> </u>
Full Name of Contributor			, Acgusta	200174		••
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
	State	Zip Code	М	D	Y	Amount
City .	1	Lip over				
Full Name of Contributor			Registr	ation Nun		AC .
Street Address	Employer/Occupation/Labor Organization*			_		Form (Cash, Check, etc.)
	State	Zip Code	М	D	Υ	Amount
City	J. J.	Esp code		1	Ιì	
Full Name of Contributor		<u> </u>	Registr	ation Nun	nber, if PA	AC
Street Address	Employer/Occo	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Cin	State	Zip Code	М	D	Y	Amount
City						
						

• 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 individuals 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)]

		45.00
Page Tot	ial 3	<u> 25.00</u>