

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizen to Reelect Lecklider									
Full Name of Contributor Stephen L. Stidhem							Registration Number, if PAC		
Street Address 5373 Adventure Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State Oh		Zip Code 43017		M D Y 09 14 13		Amount 50.00	
Full Name of Contributor Joel Campbell							Registration Number, if PAC		
Street Address 5565 Brand Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State Oh		Zip Code 43017		M D Y 09 22 13		Amount 150.00	
Full Name of Contributor Tim Lecklider							Registration Number, if PAC		
Street Address 6305 Worsham way				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State Oh		Zip Code 43016		M D Y 09 26 13		Amount 250.00	
Full Name of Contributor Anna Luise Smith							Registration Number, if PAC		
Street Address 2143 Royal Lodge Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Falls Church		State VA		Zip Code 22043		M D Y 09 26 13		Amount 100.00	
Full Name of Contributor Joyce Nolan							Registration Number, if PAC		
Street Address 643 Emerald Bay				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Destin		State FL		Zip Code 32541		M D Y 10 05 13		Amount 100.00	
Full Name of Contributor Mb Interests							Registration Number, if PAC		
Street Address 7042 Shady Nelm's				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State Oh		Zip Code 43017		M D Y 10 11 13		Amount 100.00	
Full Name of Contributor Wiles, Boyle, Burkholder, Bringerder							Registration Number, if PAC		
Street Address 300 Spruce St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State Oh		Zip Code 43017		M D Y 10 08 13		Amount 150.00	
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	

* 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)]