## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							<del></del>
Citizens for Quincel Full Name of Contributor			ID	main = NT	L	- is n -	C
			regist	ration No	TITOC	а, и РА	
Wayne A. Brown Street Address	Ic1	apation/Labor Organization*					Form (Cash, Check, etc.)
	Employe/Oca	danon raoo. Odanzanon.					
3981 Gale Road		le: o .	1				check
City	State	Zip Code	M	l D		Υ	Amount
Granville	OIH	43023		1	_	_	50.00
Full Name of Contributor			Registi	ration No	umbe	a, if PA	C
Whitehall Credit Union							<u> </u>
Street Address	Employer/Occa	apation/Labor Organization*					Form (Cash, Check, etc.)
5025 East Main Street							cash dividend
City	State	Zip Code	М	D		Y	Amount
Columbus	OH	43213	0 9	31	0	1   5	0.14
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occa	pation/Labor Organization*	-				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Т	Y	Amount
	1	T		1 1		1	
Full Name of Contributor	1	<del>. 1 </del>	Registr	ration No	mahe	τ if PA	C
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						Form (Cash, Check, etc.)	
Sureet Address	Employer/Occi	demonstrator Organization.					roin (Casi, Check, etc.)
	C	lat o t		<del></del>	_	v.	•
City	State	Zip Code	M	D		Y	Amount
	<u> </u>		1 -				
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			Regist	ration N	umbe	τ, if PA	С
eet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	T	Y	Amount
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Full Name of Contributor	1!		Regist	ration N	umbe	T. if PA	C
Tail Name of Constitution						.,	
Cr., e d duran	Employer/Occ	mation/Labor Occanization*					Form (Cash, Check, etc.)
treet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc					Total (Cast, Cack, CC.)		
		lation de	1 14	1 5		v	A
City	State	Zip Code	M	D		Y	Amount
	<u> </u>				_	7570	
Full Name of Contributor Registration Number, if PAC					C		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		<u> </u>					
City	State	Zip Code	M	D	1	Y	Amount
	<u> </u>				$\perp$		

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 \$	50.14