

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Iollev							
Full Name of Contributor Bill Hedrick					Registration Number, if PAC		
Street Address 535 W 1st Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 2	D 2 8	Y 1 5	Amount 25.00	
Full Name of Contributor Laura M Polster					Registration Number, if PAC		
Street Address 633 Sycamore Mill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 2	D 2 8	Y 1 5	Amount 25.00	
Full Name of Contributor Carolyn Lamacchia					Registration Number, if PAC		
Street Address 315 Jackson Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dayton	State O H	Zip Code 45410	M 0 2	D 2 8	Y 1 5	Amount 50.00	
Full Name of Contributor Carol Gesalman					Registration Number, if PAC		
Street Address 2003 Timberline Trl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Springfield	State O H	Zip Code 45503	M 0 2	D 2 8	Y 1 5	Amount 50.00	
Full Name of Contributor Diana H Fowler					Registration Number, if PAC		
Street Address 210 Creighton Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 2	D 2 8	Y 1 5	Amount 50.00	
Full Name of Contributor Herbert B Asher					Registration Number, if PAC		
Street Address 34 W Poplar Ave, Apt 501		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 2	D 2 8	Y 1 5	Amount 50.00	
Full Name of Contributor Suzanne C Helmick					Registration Number, if PAC		
Street Address 2050 Ellington Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 2	D 2 8	Y 1 5	Amount 100.00	
Full Name of Contributor Mark Mallory					Registration Number, if PAC		
Street Address 907 Dayton Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State O H	Zip Code 45214	M 0 3	D 0 4	Y 1 5	Amount 500.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 850.00