

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | | | | | |
|---|--|--------------------|--|---|--|----------------|---|----------------|--|----------------|--|------------------------------------|--|
| Name of Committee in Full CITIZENS for Brian Larick | | | | | | | | | | | | | |
| Full Name of Contributor Linda Weise | | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 100 Grey Goose Ln | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | | | | | |
| City West Lafayette | | State IN | | Zip Code 47906 | | M 06 | | D 25 | | Y 13 | | Amount 35⁰⁰ | |
| Full Name of Contributor David Robinson | | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 734 San Marino Dr. | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | | | | | |
| City Lady Lake | | State FL | | Zip Code 32159 | | M 06 | | D 06 | | Y 13 | | Amount 250⁰⁰ | |
| Full Name of Contributor Karen Robinson | | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 734 San Marino Dr. | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | | | | | |
| City Lady Lake | | State FL | | Zip Code 32159 | | M 06 | | D 06 | | Y 13 | | Amount 250⁰⁰ | |
| Full Name of Contributor Anne Gonzales Citizens for Anne Gonzales | | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 865 Macon Alley | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | | | | | |
| City Columbus | | State OH | | Zip Code 43206 | | M 07 | | D 26 | | Y 13 | | Amount 2000⁰⁰ | |
| Full Name of Contributor colleen Spivey | | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 8766 W Cavalier dr | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | | | | | |
| City Glendale | | State AZ | | Zip Code 85305 | | M 09 | | D 28 | | Y 13 | | Amount 50⁰⁰ | |
| Full Name of Contributor tom wester | | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 888 Ludwig Dr. | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | | | | | |
| City Gahanna | | State OH | | Zip Code 43230 | | M 09 | | D 15 | | Y 13 | | Amount 50⁰⁰ | |
| Full Name of Contributor Nancy Williams | | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 5467 Havens Corners Rd. | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) PayPal | | | | | | |
| City Gahanna | | State OH | | Zip Code 43230 | | M 09 | | D 25 | | Y 13 | | Amount 100⁰⁰ | |
| Full Name of Contributor Frank Reed | | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 399 Marquis Ct. | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | | | | | |
| City Gahanna | | State OH | | Zip Code 43230 | | M 09 | | D 25 | | Y 13 | | Amount 25⁰⁰ | |

* 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)]