Statement of Contributions Received

Page ____

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Jason Phillip	25						
ull Name of Contributor			Registration Number, if PAC				
Heatler Bishoff							
Street Address 2902 Braden Way	Employer/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.) Clec K	
City	State	Zip Code 43004	M	D	Y,	Amount	
Full Name of Contributor	Uh:0 4300 9 019 117 113				1 13	100.00	
Jennifer Palguta Street Address [Employer/Occupation/Labor Occanization*]					KI, II FA		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2687 Northmont Drive		In: a l				Cleck	
Black lick	Ohio	Zip Code 4300 4	Ma	0 7	Y	50.00	
Full Name of Contributor M 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		1 1300 /	Registrat	ion Numb	er, if PA		
Mark White					,	F 40-1 61-1	
1744 Harrison Pond Dive	Employer/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Υj	Amount	
Wey Hhany Full Name of Contributor	Ohio	43054		06	13	100.00	
hachel Coldwell			Kegistrat	ion Numb	er, ii PA	ic	
Street Address	Employer/Occupat	tion/Labor Organization				Form (Cash, Check, etc.)	
5840 Edge of Ulg		T	1				
City	State	Zip Code	M			Amount	
We stery ! le	Ohio	43081	/ Ø	on Numb	er. if Pa	50.00	
Full Name of Contributor Contributions from form No 31-E Registration Number, if PAC							
Street Address	Employer/Occupat	tion/Labor Organization	•			Form (Cash, Check, etc.)	
		<u>.</u>		, <u>-</u>		Checks	
City	State	Zip Code	M O q	04	۲ ا ع	Аточи 225.00	
Full Name of Contributor		1		ion Numb	1/		
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Yı	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
				······			
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if P/					AC .		
Street Address						Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*				, om tom, check etc.)		
City	State	Zip Code	M	D	Y	Amount	
	!			<u> </u>	1		

Page Total S 525.00

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