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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Jollev			ñ	ion No-	ber, if PA	<u> </u>
Full Name of Contributor			Kegistra	non tamu	oci, ii FM	C
David Flynn					-	Form (Cash, Check, etc.)
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				
516 Pointview Dr			Т "7.		T 1/	Credit Card
City	State	Zip Code	M	D	Y	Amount
Westerville	<u> </u>	43081		014		25.00
Full Name of Contributor			Registra	tion Num	beт, if PA	С
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	М	Ð	Y	Amount
c.i,		,		1	1	
Full Name of Contributor		<u></u>	Registra	tion Num	ber, if PA	С
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code		D	Y	Amount
City	1			1	Lι	1
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Full Name of Commounts						
Street Address	Employer/Occu	pation/Labor Organizatio	n*	·		Form (Cash, Check, etc.)
City	State	Zip Code		D	Y	Amount
,,					1	<u></u>
Full Name of Contributor		<del></del>	Registra	tion Nun	ber, if PA	AC .
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
	State	Zip Code	M	T D	Y	Amount
City	State	Zip Code	"		1 1	,
Full Name of Contributor			Registr	uion Nun	nber, if PA	AC .
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
,	1 1				1	
Full Name of Contributor			Registr	ation Nun	nber, if P	AC
Street Address	Employer/Occu	pation/Labor Organization	on*			Form (Cash, Check, etc.)
Succe Andress						
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registr	ation Nur	nber, if P	AC
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code		D	Y	Amount
		<u> </u>	salf amployed the	1 !		name of the

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	\$		25. <u>00</u>
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