

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Truex						
Full Name of Contributor Nadine Phillips				Registration Number, if PAC		
Street Address 6993 Nocturne		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 9	Y 0315	Amount \$5.75
Full Name of Contributor Marshall Spalding				Registration Number, if PAC		
Street Address 1940 Glenford Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 9	Y 0315	Amount \$5.50
Full Name of Contributor John Colton				Registration Number, if PAC		
Street Address 1658 Rosehill Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 9	Y 0315	Amount \$11.75
Full Name of Contributor Beth Thompson				Registration Number, if PAC		
Street Address 910 Fortkort Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 9	Y 0315	Amount \$8.75
Full Name of Contributor Deborah Dunlap				Registration Number, if PAC		
Street Address 9140 McMahon Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 9	Y 0315	Amount \$9.50
Full Name of Contributor Neal Whitman				Registration Number, if PAC		
Street Address 7916 Windrift Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 9	Y 0315	Amount \$14.00
Full Name of Contributor Malaysia Pollard				Registration Number, if PAC		
Street Address 7731 Worley Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	M 0	D 9	Y 0315	Amount \$10.75
Full Name of Contributor Cheryl Brook				Registration Number, if PAC		
Street Address 5997 Twin Pines		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 0	D 9	Y 0315	Amount \$7.00

* 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)]

Page Total **\$73.00**