

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Hilliard Area Republican Club Political Action Committee							
Full Name of Contributor Hilliard Area Republican Club					Registration Number, if PAC		
Street Address 4369 Shire Creek Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 0 6	D 2 1	Y 1 0	Amount 250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* 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)]