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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		·					
Name of Committee in Full							
Citizens for Rachael Dorothy			_ -			_	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Frederick Vierow			L			n' (0 1 0)	
Street Address	Employer/Occ	upation/Labor Organization*			į	Form (Cash, Chec	k, etc.)
6670 Haymore Aveneu				,	·	Check	
City	State	Zip Code	M	D	Y	Amount	= 0.00
Worthington	0 1	43085	0 8			<u></u>	50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Virginia McDougle							
Street Address	Employer/Occupation/Labor Organization*			,	Form (Cash, Check, etc.)		
5935 North High Street				1	1	Check	
City	State	Zip Code	M	D	Y	Amount	25.00
Worthington	0 1	43085	0 8		1 1		25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Anna Marie Robinson							
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Chec	k, etc.)
163 Collier Ridge Drive						Check	
City	State	Zip Code	M	Ð	Y	Amount	25.00
Columbus	0 1	43235	0 8			<u> </u>	25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Jodi Barnhill						<u> </u>	· · · · · · · · · · · · · · · · · · ·
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
175 Kenbrook Drive	<u> </u>					Check	
City	State	Zip Code	M	D	Y	Amount	
Worthington	OF	i 43085		1 7		<u> </u>	10.00
Full Name of Contributor			Registra	ttion Num	iber, if PA	AC .	
Sara Wilson							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2143 Willowick Drive					,	Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	0 1	i 43229	0 8			<u> </u>	25.00
Full Name of Contributor			Registra	tion Num	iber, if PA	vC.	
Scott Meyer				_			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
272 Colonial Avenue		- 	<u>,</u>		 	Check	
City	State	Zip Code	M	D	Y	Amount	•= ••
Worthington	1 0	1 43085	[018	217	1 1	<u> </u>	25.00
Full Name of Contributor			Registra	ition Nur	uber, if PA	AC .	
Benjamin Schulz		 					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1771 Blackberry Lane				T =	1	Check	
City	State	Zip Code	M	D D	Y	Amount	F0.00
Orrville	1 0	1 44667		05			50.00
Full Name of Contributor Registration Number, if PAC							
Anne Dicker						14 >	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
42 W. Mt. Airy	See 22 Cd.			PayPal			
City	State	Zip Code	M	D	Y	Amount	10.00
Philadelphia	$P \mid P$	19119	0 6	0 8	1 1	<u> </u>	10.00

Page Total \$	220.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]