_
Page 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			W-1000/2020/2020				
Citizens for Kristi Robbins							
Full Name of Contributor				***************************************			
Karen Twinem			Kegist	ration	Numbe	er, if PAC	
Street Address]F. 1. 10	. IT 1 O				ONEV/ACEDISHASIDO A	
1	Tumbioheu necaba	tion/Labor Organization*					Form (Cash, Check, etc.)
956 Dark Shadow Court						***************************************	check
City	State	Zip Code	M	- 1	D	Y	Amount
Westerville	$O \mid H$	43081) 8		200.00
Full Name of Contributor Registration Number, if PAC							
Kathleen J. Cocuzzi							
Street Address	Employer/Occupa	tion/Labor Organization*					Form (Cash, Check, etc.)
1029 Bluesail Drive							check
City	State	Zip Code	М	\top	D	Y	Amount
Westerville	OH	43081	1	1 1	1 9	0 9	35.00
Full Name of Contributor			Regist	ration	Numbe	r, if PAC	
Street Address	Employer/Occupa	tion/Labor Organization×		January Mar		***************************************	Form (Cash, Check, etc.)
PROGRAMME							
City	State	Zip Code	M	T	D	Y	Amount
Full Name of Contributor			Regist	ration	Numbe	r, if PAC	
			1109151		21 011100	.,	
Street Address	Employer/Occama	tion/Labor Organization*		-	*************		Form (Cash, Check, etc.)
		nonzacor organization					Tottin (Casii, Crieck, etc.)
City	State	Zip Code	М	_	D	Y	Amount
)	12p 0000	1,1				HIMOGRE
Full Name of Contributor			10		kT1	- 20 N A C	
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)							
Meet Made 222	Emblohetto conba	noustrador Ardawsanou.					Form (Cash, Check, etc.)
Fi	21.1	Tay or a					<u>.</u>
City	State	Zip Code	M		D	Y	Amount
rny (C+1)							
Full Name of Contributor			Registi	ation	Numbe	r.if PAC	
				arraner brooks		***************************************	
Street Address	Employer/Occupat	tion/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	М		D	Y	Amount
Full Name of Contributor			Registi	ation	Numbe	r, if PAC	
Street Address	Employer/Occupat	tion/Labor Organization*			(California de la California de la Calif		Form (Cash, Check, etc.)
City	State	Zip Code	М		D	Y	Amount
		-					
Full Name of Contributor Registration Number, if PAC							
registration Manuer, a LHC							
Street Address	Emmlouer/Decree	ionII ahor OrganizationX					Form (Cach Chast at)
et Address Employer/Occupation/Labor Organization* Form (Ca					Form (Cash, Check, etc.)		
City	61-1-	7: C. J.	1 3.7		rs. T	1777	
Long	State	Zip Code	М		D	Y	Amount

Page Total\$	235.00
,	

^{*} 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)]