

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Truex									
Full Name of Contributor Tonya Pryor						Registration Number, if PAC			
Street Address 5177 Sulgrave Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City New Albany		State OH	Zip Code 43054		M 1	D 0	Y 1	Amount \$100.00	
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	
OH									
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	
OH									
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Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
OH									
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City		State	Zip Code		M	D	Y	Amount	
OH									

* 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 **\$100.00**