

Donald J. McTigue (0022849)
J. Corey Colombo (0072398)
Derek S. Clinger (0092075)
MCTIGUE & COLOMBO LLC
545 East Town Street
Columbus, Ohio 43215
(614) 263-7000 (Telephone)
(614) 263-7078 (Facsimile)
dmctigue@electionlawgroup.com
ccolombo@electionlawgroup.com
dclinger@electionlawgroup.com

*Counsel for Respondents William S. Booth,
Daniel L. Darland, Tracy L. Jones, and
Latonya D. Thurman*

Exhibit No.

Affidavit of Joseph Abate	F
Affidavit of Jim Fenton.....	G
Affidavit of Christopher Ereg	H
Affidavit of Non-Service by Dolph Miller	I
Affidavit of Xia Zang, Manager of Days Inn	J
Affidavit of Debbie Denton	K

Respectfully submitted,

/s/ Anne Marie Sferra
Kurtis A. Tunnell (0038569)
Counsel of Record
Anne Marie Sferra (0030855)
Nelson M. Reid (0068434)
James P. Schuck (0072356)
BRICKER & ECKLER LLP
100 South Third Street
Columbus, Ohio 43215
(614) 227-2300 (Telephone)
(614) 227-2390 (Facsimile)
ktunnell@bricker.com
asferra@bricker.com
nreid@bricker.com
jschuck@bricker.com

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was served via electronic mail on
May 13, 2016 upon:

MICHAEL DeWINE
Ohio Attorney General

Steven T. Voigt
Senior Assistant Attorney General
Brodi J. Conover
Assistant Attorney General
Constitutional Offices Section
30 E. Broad Street, 16th Floor
Columbus, Ohio 43215
(614) 466-2872 (Telephone)
(614) 728-7592 (Facsimile)
steven.voigt@ohioattorneygeneral.gov
brodi.conover@ohioattorneygeneral.gov

Counsel for Respondent Secretary Jon Husted

Donald J. McTigue
J. Corey Colombo
Derek S. Clinger
McTIGUE & COLOMBO LLC
545 East Town Street
Columbus, Ohio 43215
dmctigue@electionlawgroup.com
ccolombo@electionlawgroup.com

Counsel for Respondents William S. Booth, Daniel L. Darland, Tracy L. Jones, and Latonya D. Thurman

/s/ Anne Marie Sferra
Anne Marie Sferra (0030855)

EXHIBIT F

Affidavit of Joseph F. Abate, Esq.

AFFIDAVIT OF JOSEPH F. ABATE, ESQ.

STATE OF ARIZONA)
) SS.
COUNTY OF MARICOPA)

I, Joseph F. Abate, Esq., being over the age of eighteen, competent to testify from personal knowledge as to the facts set forth herein, and duly sworn and cautioned, do hereby declare and state that:

1. On February 19, 2016, I attempted to visit 4022 E. Greenway Rd., #11312, Phoenix, Arizona 85032. This was the “permanent residence” address listed by Fifi Harper in connection with an initiative petition in Ohio. **Exhibit A** attached is a copy of one of the petitions circulated by Fifi Harper listing 4022 E. Greenway Rd., #11312, Phoenix, Arizona 85032 as her permanent residence address.

2. The address known as 4022 E. Greenway Rd., Ste. 11, Phoenix, Arizona 85032 is a Pack Ship and Print Center (“Pack and Ship”) in a strip plaza. The address of the plaza is 4022 E. Greenway Rd. and the individual businesses located there have suite numbers. **Exhibit B** attached hereto is a true and accurate copy of a photograph of the front entrance of the Pack and Ship.

3. Upon entering the Pack and Ship, I saw that there are mailboxes along a wall. **Exhibit C** attached hereto is a true and accurate copy of a photograph of some of the mailboxes that I observed located inside the Pack and Ship.

4. It did not appear that the Pack and Ship was a residence. Upon inquiry as to whether anyone resides at the Pack and Ship, the employee working at the time, who identified himself as Jim Fenton, confirmed that no one resides there.

Further Affiant sayeth naught.

Joseph F. Abate

Joseph F. Abate

SWORN TO and subscribed before me on this 24TH day of February 2016.

Judith L. Fox

Notary Public

My commission expires: 8/26/2017



Number: 000024

County: Scioto

24

INITIATIVE PETITION

Law Proposed by Initiative Petition First to be Submitted to the General Assembly.

TITLE

Ohio Drug Price Relief Act

SUMMARY

The Act would enact Section 194.01 of the Ohio Revised Code to require that notwithstanding any other provision of law and in so far as permissible under federal law, the State of Ohio shall not enter into any agreement for the purchase of prescription drugs or agree to pay, directly or indirectly, for prescription drugs, including where the state is the ultimate payer, unless the net cost is the same or less than the lowest price paid for the same drug by the U. S. Department of Veterans Affairs. Among other provisions, the Act also:

- Sets forth the title of the Act as "The Ohio Drug Price Relief Act."
- Sets forth Findings and Declarations and Purposes and Intent of the Act.
- Sets forth factors in determining "net cost."
- Authorizes state departments, agencies and other state entities to adopt administrative rules to implement the provisions of the Act.
- Provide that the Act shall liberally construed to effectuate its purpose.
- Provide that if any provision of the Act is held to be invalid, the remaining provisions shall remain in effect.
- Provide that if the Act is challenged in court, it shall be defended by the Attorney General.
- Declare that the committee of individuals responsible for circulation of the petition ("the proponents") have a direct and personal stake in defending the Act and any one or more of them may do so in court if challenged. Provide that the proponents shall be indemnified by the state for their reasonable attorney's fees and expenses in defending against a legal challenge to the Act. Provide that the proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the state if the Act or any of its provisions are held by a court to be unenforceable, but shall have no other personal liability.
- Provide that in the event that the Act and another law are adopted by the voters at the same election and contain conflicting provisions and the Act received less votes, the non-conflicting provisions of the Act shall take effect.
- Require the General Assembly to enact any additional laws and the Governor to take any additional actions required to promptly implement the Act.

ABATE
EXHIBIT A

CERTIFICATION OF ATTORNEY GENERAL

Without passing upon the advisability of the approval or rejection of the measure to be referred, but pursuant to the duties imposed upon the Attorney General's Office under Section 3519.01(A) of the Ohio Revised Code, I hereby certify that the summary is a fair and truthful statement of the proposed law.

MIKE DeWINE
Ohio Attorney General
August 3, 2015

COMMITTEE TO REPRESENT THE PETITIONERS

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

William S. Booth
1243 Wilson Dr.
Dayton, Ohio 45402

Daniel L. Darland
3811 N. Main St.
Dayton, Ohio 45405

Tracy L. Jones
5903 Bear Creek Dr.
Bedford Heights, Ohio 44146

Latonya D. Thurman
2618 N. Cassady Ave.
Columbus, Ohio 43219

NOTICE

Whoever knowingly signs this petition more than once; except as provided in section 3501.382 of the Revised Code, signs a name other than one's own on this petition; or signs this petition when not a qualified voter, is liable to prosecution.

MUST USE ADDRESS ON FILE WITH BOARD OF ELECTIONS

(Sign with ink. Your name, residence, and date of signing must be given.)

Signature	County	Township	Rural Route or other Post office Address	Month / Day / Year	
<small>(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.) (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)</small>					
Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
1. Signature <i>John H. Newson</i>					
Print First Name <i>John</i>	County	Township	Rural Route or other Post office Address	Month / Day / Year	Initial <i>H.</i>
Print Last Name <i>Newson</i>					
Address on file with the Board of Election <i>1037 2nd St</i>					
City/Village/Township <i>Portsmouth</i>	Ward/Precinct <i>1</i>	Zip Code <i>45662</i>	County <i>Scioto</i>	Date of Signing <i>11-01-15</i>	
2. Signature <i>Paul Dials</i>					
Print First Name <i>Paul</i>	County	Township	Rural Route or other Post office Address	Month / Day / Year	Initial
Print Last Name <i>Dials</i>					
Address on file with the Board of Election <i>428 Twin Creek Rd.</i>					
City/Village/Township <i>Blue Creek</i>	Ward/Precinct	Zip Code <i>45616</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>	
3. Signature <i>Anna Moore</i>					
Print First Name <i>Anna</i>	County	Township	Rural Route or other Post office Address	Month / Day / Year	Initial
Print Last Name <i>Moore</i>					
Address on file with the Board of Election <i>979 Road McKeer Rd</i>					
City/Village/Township <i>Wheelerburg</i>	Ward/Precinct	Zip Code <i>45694</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>	
4. Signature <i>Martha Shankbiller</i>					
Print First Name <i>Martha</i>	County	Township	Rural Route or other Post office Address	Month / Day / Year	Initial
Print Last Name <i>Shankbiller</i>					
Address on file with the Board of Election <i>322 Tick Ridge Rd W</i>					
City/Village/Township <i>Wheelerburg</i>	Ward/Precinct	Zip Code <i>45694</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>	
5. Signature <i>Rick Snyder</i>					
Print First Name <i>Rick</i>	County	Township	Rural Route or other Post office Address	Month / Day / Year	Initial
Print Last Name <i>Snyder</i>					
Address on file with the Board of Election <i>2776 Duff Circle</i>					
City/Village/Township <i>Portsmouth</i>	Ward/Precinct	Zip Code <i>45662</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>	
6. Signature <i>Brittany Hite</i>					
Print First Name <i>Brittany</i>	County	Township	Rural Route or other Post office Address	Month / Day / Year	Initial <i>BH</i>
Print Last Name <i>Hite</i>					
Address on file with the Board of Election <i>41 Hinkley Hollow Rd</i>					
City/Village/Township <i>Scioto Clay</i>	Ward/Precinct	Zip Code <i>45662</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>	
7. Signature <i>Kyle Fitzer</i>					
Print First Name <i>Kyle</i>	County	Township	Rural Route or other Post office Address	Month / Day / Year	Initial <i>KF</i>
Print Last Name <i>FITZER</i>					
Address on file with the Board of Election <i>41 Hinkley Hollow Road</i>					
City/Village/Township <i>Portsmouth</i>	Ward/Precinct	Zip Code <i>45662</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>	

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(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

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8. Signature <i>Kelley Davis</i>	Print First Name <i>Kelley</i>	Print Last Name <i>Davis</i>	Initial <i>KD</i>
Address on file with the Board of Election <i>105 Highline Street</i>			
City/Village/Township <i>Portsmouth</i>	Ward/Precinct	Zip Code <i>45662</i>	County <i>Scioto</i>
			Date of Signing <i>11-2-15</i>

9. Signature <i>Valerie Morris</i>	Print First Name <i>Valerie</i>	Print Last Name <i>Morris</i>	Initial <i>VM</i>
Address on file with the Board of Election <i>428 Washington Blvd. 9</i>			
City/Village/Township <i>W. Portsmouth</i>	Ward/Precinct	Zip Code <i>45663</i>	County <i>Scioto</i>
			Date of Signing <i>11-02-15</i>

10. Signature <i>Brian Maddis</i>	Print First Name <i>Brian</i>	Print Last Name <i>Maddis</i>	Initial
Address on file with the Board of Election <i>254 Carver's Camp's Run Pond Creek Rd</i>			
City/Village/Township <i>West Portsmouth</i>	Ward/Precinct	Zip Code <i>45663</i>	County <i>Scioto</i>
			Date of Signing <i>11-2-15</i>

11. Signature <i>[Redacted]</i>	Print First Name <i>[Redacted]</i>	Print Last Name <i>[Redacted]</i>	Initial
Address on file with the Board of Election <i>[Redacted]</i>			
City/Village/Township <i>[Redacted]</i>	Ward/Precinct	Zip Code <i>[Redacted]</i>	County <i>[Redacted]</i>
			Date of Signing <i>[Redacted]</i>

12. Signature <i>Maula Barber</i>	Print First Name <i>Maula</i>	Print Last Name <i>Barber</i>	Initial <i>MB</i>
Address on file with the Board of Election <i>834 7th Street Portsmouth</i>			
City/Village/Township <i>Portsmouth</i>	Ward/Precinct	Zip Code <i>45662</i>	County <i>Scioto</i>
			Date of Signing <i>11-02-15</i>

13. Signature <i>Jay Foster</i>	Print First Name <i>Jay</i>	Print Last Name <i>Foster</i>	Initial
Address on file with the Board of Election <i>1214 Carver's Run Rd, W. Ports, Oh 45663</i>			
City/Village/Township <i>Scioto</i>	Ward/Precinct	Zip Code <i>45663</i>	County <i>Scioto</i>
			Date of Signing <i>11-2-15</i>

14. Signature <i>Benny Foster</i>	Print First Name <i>Benny</i>	Print Last Name <i>Foster</i>	Initial
Address on file with the Board of Election <i>1214 Carver's Run Rd</i>			
City/Village/Township <i>Portsmouth Ohio</i>	Ward/Precinct	Zip Code <i>45663</i>	County <i>Scioto</i>
			Date of Signing <i>11/2/15</i>

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[Redacted Signature]	[Redacted County]	[Redacted City or Village]	[Redacted Street and Number]	[Redacted Ward/Precinct]	[Redacted Month / Day / Year]
[Redacted Signature]	[Redacted County]	[Redacted City or Village]	[Redacted Street and Number]	[Redacted Ward/Precinct]	[Redacted Month / Day / Year]
[Redacted Signature]	[Redacted County]	[Redacted City or Village]	[Redacted Street and Number]	[Redacted Ward/Precinct]	[Redacted Month / Day / Year]

18. Signature <i>Lillian J. Tomlin</i>	Print First Name <i>Lillian</i>	Print Last Name <i>Tomlin</i>	Initial
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Address on file with the Board of Elections <i>40 Hillside</i>	City/Village/Township <i>Wheelersburg</i>	Ward/Precinct	Zip Code <i>45614</i>	County <i>Coto</i>	Date of Signing <i>11/1/15</i>
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19. Signature <i>Yvonne E. Overlin</i>	Print First Name <i>Yvonne</i>	Print Last Name <i>Overlin</i>	Initial <i>EO</i>
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Address on file with the Board of Elections <i>3011 Robinson Ave</i>	City/Village/Township <i>Portsmouth</i>	Ward/Precinct	Zip Code <i>45662</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>
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20. Signature <i>Trinda J. Dick</i>	Print First Name <i>Trinda</i>	Print Last Name <i>Dick</i>	Initial
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Address on file with the Board of Elections <i>29 S. 1st St</i>	City/Village/Township <i>Portsmouth</i>	Ward/Precinct	Zip Code <i>45662</i>	County <i>Scioto</i>	Date of Signing <i>11/1/15</i>
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21. Signature <i>V. J. Dick</i>	Print First Name <i>V. J.</i>	Print Last Name <i>Dick</i>	Initial
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Address on file with the Board of Elections <i>29 S. 1st St</i>	City/Village/Township <i>Portsmouth</i>	Ward/Precinct	Zip Code <i>45662</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>
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Signature	County	City or Village	Street and Number	Ward/Precinct	Month / Day / Year
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21. Signature <i>Melissa White</i>	Print First Name <i>Melissa</i>	Print Last Name <i>White</i>	Initial <i>MW</i>
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Address on file with the Board of Election
195 Stevens Rd.

City/Village/Township <i>Franklin Furnace</i>	Ward/Precinct	Zip Code <i>45427</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>
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22. Signature <i>Sarah Daniel</i>	Print First Name <i>Sarah</i>	Print Last Name <i>Daniel</i>	Initial <i>SD</i>
--------------------------------------	----------------------------------	----------------------------------	----------------------

Address on file with the Board of Election
3600 Flatwood Fallen Timber Rd

City/Village/Township <i>Portsmouth</i>	Ward/Precinct	Zip Code <i>45618</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>
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23. Signature <i>Edward Rouse</i>	Print First Name <i>Edward</i>	Print Last Name <i>Rouse</i>	Initial
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Address on file with the Board of Election
1911 Summit

City/Village/Township <i>Portsmouth</i>	Ward/Precinct	Zip Code <i>45662</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>
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24. Signature <i>Jay Rideout</i>	Print First Name <i>Jay</i>	Print Last Name <i>Rideout</i>	Initial <i>JR</i>
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Address on file with the Board of Election
1911 Summit St.

City/Village/Township <i>Portsmouth</i>	Ward/Precinct	Zip Code <i>45662</i>	County <i>Scioto</i>	Date of Signing <i>11-01-15</i>
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25. Signature <i>Lisa Sheets</i>	Print First Name <i>Lisa</i>	Print Last Name <i>Sheets</i>	Initial
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Address on file with the Board of Election
8404 State Rt 140

City/Village/Township <i>Wheelerburg</i>	Ward/Precinct	Zip Code <i>45694</i>	County <i>Scioto</i>	Date of Signing <i>11-01-15</i>
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26. Signature <i>Lornie Sheets</i>	Print First Name <i>Lornie</i>	Print Last Name <i>Sheets</i>	Initial <i>L</i>
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Address on file with the Board of Election
8404 State Rt 140

City/Village/Township <i>Wheelerburg</i>	Ward/Precinct	Zip Code <i>45694</i>	County <i>Scioto</i>	Date of Signing <i>11-01-15</i>
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27. Signature <i>Mack Ditt</i>	Print First Name <i>Mack</i>	Print Last Name <i>Ditt</i>	Initial <i>A</i>
-----------------------------------	---------------------------------	--------------------------------	---------------------

Address on file with the Board of Election
217 Lick Run Lura Rd

City/Village/Township <i>Wheelerburg</i>	Ward/Precinct	Zip Code <i>45694</i>	County <i>Scioto</i>	Date of Signing <i>11-1-15</i>
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FULL TEXT OF LAW

Be it Enacted by the People of the State of Ohio that the following chapter and section are added to Title I of the Revised Code.

Chapter 194: Drug Price Relief

Section 194.01

(A) Title.

This Act shall be known as "The Ohio Drug Price Relief Act" (the "Act").

(B) Findings and Declarations.

The People of the State of Ohio hereby find and declare all of the following:

- (1) Prescription drug costs have been, and continue to be, one of the greatest drivers of rising health care costs in Ohio.
- (2) Nationally, prescription drug spending increased more than 800 percent between 1990 and 2013, making it one of the fastest growing segments of health care.
- (3) Spending on specialty medications, such as those used to treat HIV/AIDS, Hepatitis C, and cancers, are rising faster than other types of medications. In 2014 alone, total spending on specialty medications increased by more than 23 percent.
- (4) The pharmaceutical industry's practice of charging inflated drug prices has resulted in pharmaceutical company profits exceeding those of even the oil and investment banking industries.
- (5) Inflated drug pricing has led to drug companies lavishing excessive pay on their executives.
- (6) Excessively priced drugs continue to be an unnecessary burden on Ohio taxpayers that ultimately results in cuts to health care services and providers for people in need.
- (7) Although Ohio has engaged in efforts to reduce prescription drug costs through rebates, drug manufacturers are still able to charge the State more than other government payers for the same medications, resulting in a dramatic imbalance that must be rectified.
- (8) If Ohio is able to pay the same prices for prescription drugs as the amounts paid by the United States Department of Veterans Affairs, it would result in significant savings to Ohio and its taxpayers. This Act is necessary and appropriate to address these public concerns.

(C) Purposes and Intent.

The People of the State of Ohio hereby declare the following purposes and intent in enacting this Act:

- (1) To enable the State of Ohio to pay the same prices for prescription drugs as the prices paid by the United States Department of Veterans Affairs, thus rectifying the imbalance among government payers.
- (2) To enable significant cost savings to Ohio and its taxpayers for prescription drugs, thus helping to stem the tide of rising health care costs in Ohio.
- (3) To provide for the Act's proper legal defense should it be adopted and thereafter challenged in court.

(D) Drug Pricing.

- (1) Notwithstanding any other provision of law and insofar as may be permissible under federal law, neither the State of Ohio, nor any state department, agency or other state entity, including, but not limited to, the Ohio Department of Aging, the Ohio Department of Health, the Ohio Department of Insurance, the Ohio Department of Jobs and Family Services, and the Ohio Department of Medicaid, shall enter into any agreement with the manufacturer of any drug for the purchase of a prescribed drug or agree to pay, directly or indirectly, for a prescribed drug, unless the net cost of the drug, inclusive of cash discounts, free goods, volume discounts, rebates, or any other discounts or credits, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (2) The price ceiling described in subsection (1) above also shall apply to all programs where the State of Ohio or any state department, agency or other state entity is the ultimate payer for the drug, even if it did not purchase the drug directly. This includes, but is not limited to, the Ohio Best Rx Program and the Ohio HIV Drug Assistance Program. In addition to agreements for any cash discounts, free goods, volume discounts, rebates, or any other discounts or credits already in place for these programs, the responsible department, agency or entity shall enter into additional agreements with drug manufacturers for further price reductions so that the net cost of the drug, as determined by the purchasing department, agency or entity, is the same as or less than the lowest price paid for the same drug by the United States Department of Veterans Affairs.
- (3) All state departments, agencies and other state entities that enter into one or more agreements with the manufacturer of any drug for the purchase of prescribed drugs or agreement to pay directly or indirectly for prescribed drugs shall implement this section no later than July 1, 2017.
- (4) Each such department, agency or other state entity, may adopt administrative rules to implement the provisions of this section and may seek any waivers of federal law, rule, or regulation necessary to implement the provisions of this section.
- (5) The General Assembly shall enact any additional laws and the Governor shall take any additional actions required to promptly carry out the provisions of this section.

(E) Liberal Construction.

This Act shall be liberally construed to effectuate its purpose.

(F) Severability.

If any provision of this Act, or part thereof, or the applicability of any provision or part to any person or circumstances, is for any reason held to be invalid or unconstitutional, the remaining provisions and parts shall not be affected, but shall remain in full force and effect, and to this end the provisions and parts of this Act are severable. If this Act and another law are approved by the voters at the same election with one or more conflicting provisions and this Act receives fewer votes, the non-conflicting provisions of this Act shall go into effect.

(G) Legal Defense.

If any provision of this Act is challenged in court, it shall be defended by the Attorney General of Ohio. The People of Ohio, by enacting this Act, hereby declare that the committee of individuals responsible for the circulation of the petition proposing this Act ("the Proponents") have a direct and personal stake in defending this Act from constitutional or other challenges. In the event of a challenge, any one or more of the Act's Proponents shall be entitled to assert their direct and personal stake by defending the Act's validity in any court of law, including on appeal. The Proponents shall be indemnified by the State of Ohio for their reasonable attorney's fees and expenses incurred in defending the validity of the challenged Act. In the event that the Act or any of its provisions or parts are held by a court of law, after exhaustion of any appeals, to be unenforceable as being in conflict with other statutory or constitutional provisions, the Proponents shall be jointly and severally liable to pay a civil fine of \$10,000 to the State of Ohio, but shall have no other personal liability to any person or entity.

STATEMENT OF CIRCULATOR

I, John Harper, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of JB electors, that the signatures appended hereto were made and appended in my presence on the date set opposite each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to section 3501.382 of the Revised Code, and that the electors signing this petition did so with knowledge of the contents of same. I am employed to circulate this petition by

Educated Voters
5218 Beechmont Ave.
Cincinnati, OH 45230

(Name and address of employer). (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code if the circulator is being employed to circulate the petition.)

I further declare under penalty of election falsification that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

John Harper
(Signed) #11312
4020 E Greenway Rd
(Address of circulator's permanent residence)
Number and Street, Road or Rural Route
Phx
City, Village or Township
AZ 85032
State Zip Code

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.



ESPION

OPEN

SOITE 11

Advertisement featuring a woman in a blue top and various household items including a television, a lamp, a chair, and a table.

Pack Shop and Print Center

Slave Home
Monday thru Friday
10am - 6pm
Saturday
10am - 5pm

ABATE EXHIBIT B



ABATE
EXHIBIT C

Exhibit G
Affidavit of Jim Fenton

AFFIDAVIT OF JIM FENTON

STATE OF ARIZONA)
) SS.
COUNTY OF MARICOPA)

I, Jim Fenton, having been duly sworn and cautioned, do hereby state that:

1. I am over the age of eighteen and competent to testify from personal knowledge as to the facts set forth herein.

2. I am the owner and manager of the Pack Ship and Print Center located at 4022 E. Greenway Road, Phoenix, Arizona 85032 (the "Pack and Ship").

3. In April 2016, I received a subpoena requesting documents from Pack and Ship relating to a person by the name of Fifi Harper.

4. I searched Pack and Ship's records and found what I believe to be all of the documents Pack and Ship has relating to Fifi Harper. In total, there are five pages.

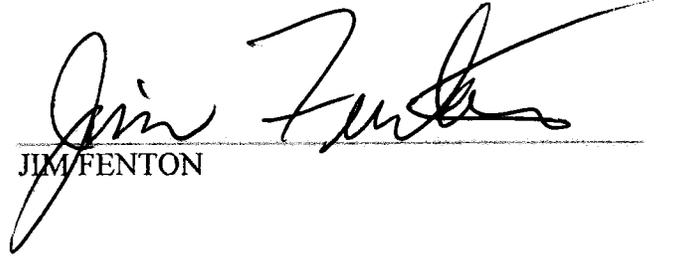
5. True and accurate copies of all of the documents I found in Pack and Ship's records relating to Fifi Harper are attached to this Affidavit as Exhibit A (with the exception that her date of birth and driver's license number have been blacked out on her driver's license).

6. One of the records is a copy of the Arizona driver's license that Fifi Harper presented at Pack and Ship when she applied for a private mailbox rental at Pack and Ship.

7. Fifi Harper rented mailbox number 312 at Pack and Ship.

8. Neither Fifi Harper nor anyone else resides at 4022 E. Greenway Road, Ste. 11, Phoenix, Arizona. This is the address of the Pack and Ship business and is used only for non-residential purposes.

Further Affiant sayeth naught.



JIM FENTON

SWORN TO and subscribed before me on this 5th day of May, 2016.



THOMAS D SARRETT
Notary Public —Arizona
Maricopa County
Expires 08/15/2016



Notary Public
My commission expires: 8/15/2016

EXHIBIT A

CERTIFIED MAIL

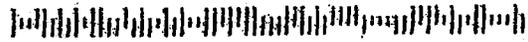
y Board of Elections
West, Room 103
St. PA 45511



7000 0520 0012 9960 2799

Fi Fi Harper
4022 Greenway Rd. #1132
Phoenix AZ 85032

85032479799



Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date **8/27/2015**

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

<p>2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate Form 1583 for EACH applicant. Spouses may complete and sign one Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)</p> <p>Harper, Fi Fi</p>	<p>3a. Address to be Used for Delivery (Include PMB or # sign.) 4022 E Greenway Road Ste 11 # 312</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">3b. City PHOENIX</td> <td style="width:10%;">3c. State AZ</td> <td style="width:20%;">3d. ZIP + 4® 85032</td> </tr> </table>	3b. City PHOENIX	3c. State AZ	3d. ZIP + 4® 85032						
3b. City PHOENIX	3c. State AZ	3d. ZIP + 4® 85032								
<p>4. Applicant authorizes delivery to and in care of:</p> <p>a. Name Pack Ship and Print Center</p> <p>b. Address (No., street, apt./ste. no.) 4022 E Greenway Road Ste 11</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">c. City PHOENIX</td> <td style="width:10%;">d. State AZ</td> <td style="width:60%;">e. ZIP + 4 85032</td> </tr> </table> <p>6. Name of Applicant Fi Fi Harper</p>	c. City PHOENIX	d. State AZ	e. ZIP + 4 85032	<p>5. This Authorization Is Extended to Include Restricted Delivery Mail for the Undersigned(s):</p> <p style="text-align: center;"><i>[Signature]</i></p> <p>7a. Applicant Home Address (No., street, apt./ste. no.) 4802 N 12th St Apt 2102</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">7b. City PHOENIX</td> <td style="width:10%;">7c. State AZ</td> <td style="width:20%;">7d. ZIP + 4® 85014</td> </tr> </table> <p>7e. Applicant Telephone Number (Include area code) 727-495-8973</p> <p>9. Name of Firm or Corporation</p> <p>10a. Business Address (No., street, apt./ste. no.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">10b. City</td> <td style="width:10%;">10c. State</td> <td style="width:20%;">10d. ZIP + 4®</td> </tr> </table> <p>10e. Business Telephone Number (Include area code)</p> <p>11. Type of Business</p>	7b. City PHOENIX	7c. State AZ	7d. ZIP + 4® 85014	10b. City	10c. State	10d. ZIP + 4®
c. City PHOENIX	d. State AZ	e. ZIP + 4 85032								
7b. City PHOENIX	7c. State AZ	7d. ZIP + 4® 85014								
10b. City	10c. State	10d. ZIP + 4®								
<p>8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification</p> <p>a. Drivers license: D01695231</p> <p>b. Government ID: 1225335512</p> <p><small>Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.</small></p>	<p>12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)</p>									

<p>13. If a CORPORATION, Give Names and Addresses of Its Officers</p>	<p>1. If Business Name of The Address (Corporation or Trade Name) Has been Registered, Give Name of County and State, and Date of Registration.</p>
--	--

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). (18 U.S.C. 1001)

<p>15. Signature of Agent/Notary Public</p>	<p>16. Signature of Applicant (If firm or organization, application must be signed by officer or shareholder.)</p> <p style="text-align: center;"><i>[Signature]</i></p>
--	---

Pack Ship
and Print
Center

Your Address is:

4022 E Greenway Road, Suite 11, PMB 312, Phoenix, AZ 85032-4733

Phone: (602) 493-5542

E-mail: Service@PackShipAndPrint.com

Fax: (602) 867-2320

APPLICATION FOR PRIVATE MAILBOX RENTAL

This agreement made by and between Pack Ship and Print Center, hereinafter referred to as AGENT, and F. F. Harber hereinafter referred to as APPLICANT who is desirous of renting BOX NUMBER 312, shall be governed by these terms to which each party agrees:

1. That by completing this form and PS Form 1583, a copy of which will be furnished to the United States Postal Service (USPS), applicant appoints Agent as agent for the receipt of mail and parcels for a period not to exceed that for which rent has been paid in advance.
2. That Agent shall place in said box all mail received by Agent, for the benefit of Applicant each date that mail is received from the USPS. Once Agent has placed Applicant's mail in the assigned box, the mail shall be deemed to have been delivered, and Agent shall not be responsible for loss, theft, or damage. Agent is not engaged in the delivery of mail and cannot be responsible for failure of the USPS to deliver mail or to deliver mail in a timely fashion or in an undamaged condition.
3. That Applicant may appoint another person or organization to collect mail, and Agent shall assume that possession of a key is evidence of authority to collect mail.
4. That Applicant understands that the relationship of the parties hereto is one of bailment and not landlord and tenant.
5. That Applicant agrees to pick up mail at least once each month or to make other arrangements with Agent. Applicant further agrees to pick up all packages or parcels within three days of delivery.
6. That Agent shall deliver to Applicant a key which will open Applicant's box. The key remains the property of Agent and shall not be duplicated or modified by Applicant. A \$5.00 deposit on key is refundable upon Applicant's termination of service and return of key.
7. That Applicant agrees to pay all rents in advance by the due date. Payments made after 5 days past the due date are subject to a late fee. Agent will place a notice of rent and fees due in Applicant's box. No other notice will be required. Failure to pay rent and fees within 15 days of due date may result in disruption or cancellation of services. Agent does not prorate fees and does not provide refunds in the event of cancellation by Applicant.
8. That Agent shall have the premises open to all Applicants during the hours posted.
9. Upon termination of services by either party, or failure to pay rent in advance by Applicant, Agent shall not make Applicant's mail available without payment therefore. **Applicant understands that the USPS will neither forward nor return mail without payment, nor will the USPS accept a Change of Address Order.** At termination of service Applicant, if he or she wishes mail forwarded after that date, shall provide Agent with a forwarding address and pay the required fees to cover cost of forwarding mail. In the event Applicant fails to do this, Applicant directs Agent to refuse or discard any further mail, or at Agents option, handle such mail in accordance with appropriate USPS Domestic Mail Manual regulations.
10. That Applicant shall protect, indemnify, and hold harmless Agent against and from any and all claims arising from Applicant's use of the Premises or from the conduct of Applicant's business or from any activity, work or other things done, permitted or suffered by the Applicant in or about the Premises, and shall further indemnify and hold harmless Agent against and from any and all claims arising from any breach or default in the performance of any obligation on Applicant's part to be performed under the terms of the agreement, or arising from any act or negligence of the Applicant, or any officer, agent or employee of Applicant, and from any cause other than Agent's negligence, and Applicant hereby waives all claims thereof against Agent.
11. That Applicant agrees that Premises shall be used for purposes that comply with all local, state and federal laws and regulations; and further agrees that no other persons or parties, other than those listed above, shall have access to Premises or use thereof. Failure to do so may result in cancellation of service without notice or refund.

12. That notwithstanding the terms outlined above concerning mail delivery, Applicant hereby instructs Agent to accept accountable mail, e.g., registered and certified, on Applicant's behalf acting as Applicant's agent. In consideration for this service and the substantial responsibilities involved therein, Applicant expressly releases Agent from all responsibility for loss, damage, or other disposition of said accountable mail. In accordance with this release, Applicant waives any and all rights of claim against Agent in respect to accountable mail.
13. That Agent will accept C.O.D. mail and parcels on behalf of Applicant only if Applicant has made full advance payment of C.O.D. charges to Agent in a manner acceptable to the delivery service.
14. That information provided by Applicant will be kept confidential and will not knowingly be disclosed without Applicant's prior consent, except for law enforcement or postal operation purposes, in which case Agent intends to cooperate fully. Law enforcement is further clarified to include all city, county, or federal agencies or their representatives.
15. That mail will not be accepted for more than three (3) persons or businesses in a single box, and that each person or business must complete a USPS Form 1583 and provide photo identification. If Applicant consistently receives substantially more mail than can be placed in a single box, Agent reserves the right to require applicant to rent a larger size box, or one or more additional boxes. Applicant further agrees that no hazardous or dangerous material will be delivered to Agent's premises, and that Agent will refuse to accept any such delivery.
16. Applicant agrees to comply fully with USPS regulations as stated in the Domestic Mail Manual (DMM) as applied to the addressing of mail to Applicant.

Term: 3 Months **Additional Free Months with Initial Term:** 0

Rate: \$ _____ **Per Month**

Rent: \$ _____

Set-Up: \$ _____

Key: \$ _____ **(Refundable)**

Sales tax \$ _____

Total: \$ _____

Paid through: _____

Signature below indicates acceptance of all terms of this agreement.

Applicant _____ Date: _____

(X) Justin Oberly _____ Date: 8/27/15

Agent, Pack Ship and Print Center

Package Notification (optional):

E-Mail Address: _____

Text: Phone # _____ Carrier _____

We respect your privacy and do not provide any E-Mail or Text information to others. It is used strictly for communication from us to you. Regular Text Messaging (SMS) charges from your carrier may apply depending on your service plan.

Arizona DRIVER LICENSE USA



1 CLASS D
2 LENG NONE
3 REST A
4 HARPER
5 FIFI JUANITA
6 4802 N 12TH ST APT 2 102
PHOENIX, AZ 85014-4802
7
8 EXP 11/01/2020
9 SEX F
10 HGT 5-08"
11 WGT 185 lb

40 DL [REDACTED]
3 DOB [REDACTED]



ISS 02/11/2014
VETERAN

Fifi Harper

5 DD 1387CM04H1307F3

VA  U.S. Department of Veterans Affairs

Member ID
1225335512
Plan ID (B0840)
7346 243 588
Member
FIFI J HARPER

Card Expires 04/17/2025

 VA HEALTHCARE ENROLLEE
SERVICE CONNECTED



Exhibit H
Affidavit of Christopher P. Ereg

Exhibit I
Affidavit of Non-Service by Dolph Miller

AFFIDAVIT OF NON-SERVICE

Court/Agency Name: The Supreme Court Of Ohio

CASE #: 2016-0313

Plaintiff / Defendant: The Ohio Manufacturers' Association, et.al. VS. Ohioans for Drug Price Releif Act, et. al.

Documents Attempting to Serve: Subpoena for Deposition

Person Attempting to Serve: Kelvin Moore

Date Documents Received by Process Server: 4/21/16

Date/Time Documents Attempted to Serve by Process Server: 4/21/16 2:55 p.m.

Address attempted: 3143 W. 33rd St. Ste. 6 Cleveland, Ohio 44109

Reason for Non-Service: Address was a secured building. On the directory listed for Ste.6 was a Zeus Jones. I tried ringing the Ste. 6 on directory and got no answer. I then rang # 1 and spoke to a female over the intercom. She said she didn't recognize the name Kelvin Moore and that she could not let me in bulding. She then said she would call the owner of the building to see if he knew of an Kelvin Moore. The female called me back and stated that the owner told her that there is no Kelvin Moore in that building.

Name of Process Server: Dolph Miller

Address of Process Server: 2862 Johnstown Rd. Columbus, OH 43219

STATE OF OHIO
COUNTY OF FRANKLIN;

Dolph Miller, personally appeared before me, a Notary Public on this 22nd day of April, 2016, and being duly sworn, deposes and states that the following information on the above Affidavit of Service is true and accurate.

[Signature]
Affiant

[Signature]
Notary Public



Jeffrey A. Cremeans
Notary Public, State of Ohio
My Commission Expires 6-14-19

Exhibit J
Affidavit of Xia Zang

6. One of the records was a copy of the California driver's license that Roy Jackson presented at the Days Inn, for us to make a copy, when he was a guest at the Days Inn.

7. The records in Exhibit A show that Roy Jackson was a guest at the Days Inn in October 2015.

8. The Days Inn has no record of Roy Jackson staying at the Days Inn at any other time in 2015 or 2016.

Further Affiant sayeth naught.

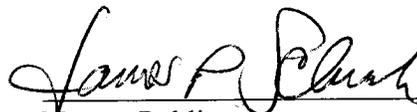


Xia Zang

SWORN TO and subscribed before me on this 4th day of May, 2016.



JAMES PRESTON SCHUCK
Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 R.C.



Notary Public
My commission expires: N/A

REDACTED



218

~~ATT~~
 Email: asferra@bricker.com



DAYS INN REYNOLDSBURG

2100 BRICE ROAD
 REYNOLDSBURG, OH 43068 US
 Phone: 614-864-1280
 Fax: 614-866-2221
 Email: daysinneast@hotmail.com
 Printed: 4/20/2016 1:39:08 PM

Folio (Detailed)

Name:	JACKSON, ROY	Confirmation Number:	66685952
		Account Number:	287-840859
Address:	800 CONNECTICUT AVENUE NORWALK, CT 06854 US		
Room:	218	Room Type:	NDD1, 2 DOUBLES NSMK
Rate Plan:	SOO	Nights:	4
Arrival:	10/9/2015 (Fri)	Departure:	10/13/2015 (Tue)
		GTD:	MC - MASTER CARD XXXX XXXX XXXX 1516
			Guests: 2/0

Date	Code	Description	Amount	Balance
10/9/2015	RM	ROOM CHARGE	\$43.45	\$43.45
10/9/2015	TAX1	SALES TAX	\$3.26	\$46.71
10/9/2015	TAX2	BED TAX	\$4.35	\$51.06
10/10/2015	RM	ROOM CHARGE	\$43.45	\$94.51
10/10/2015	TAX1	SALES TAX	\$3.26	\$97.77
10/10/2015	TAX2	BED TAX	\$4.35	\$102.12
10/11/2015	RM	ROOM CHARGE	\$43.45	\$145.57
10/11/2015	TAX1	SALES TAX	\$3.26	\$148.83
10/11/2015	TAX2	BED TAX	\$4.35	\$153.18
10/12/2015	MC	MASTER CARD XXXX XXXX XXXX 1516	(\$204.24)	(\$51.06)
10/12/2015	RM	ROOM CHARGE	\$43.45	(\$7.61)
10/12/2015	TAX1	SALES TAX	\$3.26	(\$4.35)
10/12/2015	TAX2	BED TAX	\$4.35	\$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$173.80	\$30.44	\$0.00	\$0.00	(\$204.24)	\$0.00	\$0.00

By signing below, I agree to these terms and conditions.

Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.
 We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."



DAYS INN REYNOLDSBURG

2100 BRICE ROAD
 REYNOLDSBURG, OH 43068 US
 Phone: 614-864-1280
 Fax: 614-866-2221
 Email: daysinneast@hotmail.com
 Printed: 4/20/2016 1:38:08 PM

Folio (Detailed)

Name: JACKSON, ROY

Confirmation Number: 68155506
 Account Number: 755-180444

Address: 2420 S WESTERN AVE UNIT 207
 LOS ANGELES, CA 90018 US

Room: 218 Room Type: NDD1, 2 DOUBLES NSMK Nights: 2 Guests: 2/0
 Rate Plan: LNQM GTD: MC - MASTER CARD
 Arrival: 10/13/2015 (Tue) Departure: 10/15/2015 (Thu) XXXX XXXX XXXX 8729

Date	Code	Description	Amount	Balance
10/13/2015	MC	MASTER CARD XXXX XXXX XXXX 8729	(\$77.56)	(\$77.56)
10/13/2015	RM	ROOM CHARGE	\$33.00	(\$44.56)
10/13/2015	TAX1	SALES TAX	\$2.48	(\$42.08)
10/13/2015	TAX2	BED TAX	\$3.30	(\$38.78)
10/14/2015	RM	ROOM CHARGE	\$33.00	(\$5.78)
10/14/2015	TAX1	SALES TAX	\$2.48	(\$3.30)
10/14/2015	TAX2	BED TAX	\$3.30	\$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$66.00	\$11.56	\$0.00	\$0.00	(\$77.56)	\$0.00	\$0.00

By signing below, I agree to these terms and conditions.

Guest Signature:

Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.
 We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy.

By _____



DAYS INN REYNOLDSBURG

2100 BRICE ROAD
 REYNOLDSBURG, OH 43068 US
 Phone: 614-864-1280
 Fax: 614-866-2221
 Email: daysinneast@hotmail.com
 Printed: 4/20/2016 1:36:56 PM

Folio (Detailed)

Name:	JACKSON, ROY	Confirmation Number:	68973990
		Account Number:	889-821194
Address:	800 CONNECTICUT AVENUE NORWALK, CT 06854 US		
Room:	261	Room Type:	DD1, 2 DOUBLES SMK
Rate Plan:	LNZM	Nights:	2
Arrival:	10/15/2015 (Thu)	Departure:	10/17/2015 (Sat)
		GTD:	MC - MASTER CARD XXXX XXXX XXXX 3707
			Guests: 2/0

Date	Code	Description	Amount	Balance
10/15/2015	RM	ROOM CHARGE	\$36.00	\$36.00
10/15/2015	TAX1	SALES TAX	\$2.70	\$38.70
10/15/2015	TAX2	BED TAX	\$3.60	\$42.30
10/16/2015	RM	ROOM CHARGE	\$36.00	\$78.30
10/16/2015	TAX1	SALES TAX	\$2.70	\$81.00
10/16/2015	TAX2	BED TAX	\$3.60	\$84.60
10/17/2015	MC	MASTER CARD XXXX XXXX XXXX 3707	(\$84.60)	\$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$72.00	\$12.60	\$0.00	\$0.00	(\$84.60)	\$0.00	\$0.00

By signing below, I agree to these terms and conditions.

Guest Signature: _____

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.
 *We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."



DAYS INN REYNOLDSBURG

2100 BRICE ROAD
 REYNOLDSBURG, OH 43068 US
 Phone: 614-864-1280
 Fax: 614-866-2221
 Email: daysinneast@hotmail.com
 Printed: 4/20/2016 1:35:38 PM

Folio (Detailed)

Name:	JACKSON, ROY	Confirmation Number:	70026737
		Account Number:	939-959046
Address:	800 CONNECTICUT AVENUE NORWALK, CT 06854 US		
Room:	261	Room Type:	DD1, 2 DOUBLES SMK
Rate Plan:	LNZM	Nights:	7
Arrival:	10/17/2015 (Sat)	Departure:	10/24/2015 (Sat)
		GTD:	VI - VISA
			XXXX XXXX XXXX 3208
			Guests: 2/0

Date	Detail Code	Description	Amount	Balance
10/17/2015	RM	ROOM CHARGE	\$45.00	\$45.00
10/17/2015	TAX1	SALES TAX	\$3.38	\$48.38
10/17/2015	TAX2	BED TAX	\$4.50	\$52.88
10/18/2015	VI	VISA	(\$370.16)	(\$317.28)
		XXXX XXXX XXXX 3208		
10/18/2015	RM	ROOM CHARGE	\$45.00	(\$272.28)
10/18/2015	TAX1	SALES TAX	\$3.38	(\$268.90)
10/18/2015	TAX2	BED TAX	\$4.50	(\$264.40)
10/19/2015	RM	ROOM CHARGE	\$45.00	(\$219.40)
10/19/2015	TAX1	SALES TAX	\$3.38	(\$216.02)
10/19/2015	TAX2	BED TAX	\$4.50	(\$211.52)
10/20/2015	RM	ROOM CHARGE	\$45.00	(\$166.52)
10/20/2015	TAX1	SALES TAX	\$3.38	(\$163.14)
10/20/2015	TAX2	BED TAX	\$4.50	(\$158.64)
10/21/2015	RM	ROOM CHARGE	\$45.00	(\$113.64)
10/21/2015	TAX1	SALES TAX	\$3.38	(\$110.26)
10/21/2015	TAX2	BED TAX	\$4.50	(\$105.76)
10/22/2015	RM	ROOM CHARGE	\$45.00	(\$60.76)
10/22/2015	TAX1	SALES TAX	\$3.38	(\$57.38)
10/22/2015	TAX2	BED TAX	\$4.50	(\$52.88)
10/23/2015	RM	ROOM CHARGE	\$45.00	(\$7.88)
10/23/2015	TAX1	SALES TAX	\$3.38	(\$4.50)
10/23/2015	TAX2	BED TAX	\$4.50	\$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$315.00	\$55.16	\$0.00	\$0.00	(\$370.16)	\$0.00	\$0.00



DAYS INN REYNOLDSBURG

2100 BRICE ROAD
REYNOLDSBURG, OH 43068 US

Phone: 614-864-1280

Fax: 614-866-2221

Email: daysinneast@hotmail.com

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Folio (Detailed)

By signing below, I agree to these terms and conditions.

Guest Signature: _____

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

Folio (Detailed)

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Exhibit K
Affidavit of Debbie Denton

