

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Families for Bishoff							
Full Name of Contributor Mike Twigg					Registration Number, if PAC		
Street Address 832 Moon Glow Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 7	D 2 9	Y 1 1	Amount 100.00	
Full Name of Contributor Linda Myers					Registration Number, if PAC		
Street Address 2864 Marcellus Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 7	D 2 9	Y 1 1	Amount 100.00	
Full Name of Contributor Jeff Bower					Registration Number, if PAC		
Street Address 506 Stratshire Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 7	D 2 9	Y 1 1	Amount 100.00	
Full Name of Contributor Brett Rozanczyk					Registration Number, if PAC		
Street Address 7693 Fenway Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 8	D 1 0	Y 1 1	Amount 50.00	
Full Name of Contributor Tony White					Registration Number, if PAC		
Street Address 1179 Poppy Hills Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 0 8	D 1 0	Y 1 1	Amount 300.00	
Full Name of Contributor Bill Dilts					Registration Number, if PAC		
Street Address 648 Bennington Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 1	Y 1 1	Amount 30.00	
Full Name of Contributor Scott McComb					Registration Number, if PAC		
Street Address 230 Barnhill Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbust	State O H	Zip Code 43230	M 0 9	D 2 1	Y 1 1	Amount 250.00	
Full Name of Contributor Lori Ellinger					Registration Number, if PAC		
Street Address 1895 Chateaugay Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 1 0	D 0 2	Y 1 1	Amount 100.00	

* 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)]