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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Gawronski							
Full Name of Contributor			Registrat	ion Num	ber, if PA	С	
			registra	1011 1 1011	ou,		1
Friends of Donna O'Connor Street Address	Employer/Occur	pation/Labor Organization*			-	Form (Cash, Che	ck. etc.)
	Linproyer/Occu	Perior Priori Or Rantegrion				Check	
5065 Winchell CT	State	Zip Code	M	D	ΙΥ	Amount	
City	OH	43017		l	$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$,	100.00
Dublin Full Name of Contributor	OH	45017		_	ber, if PA	r	100.00
			ACEISH E	don ivan	oci, ii i A		
Randolph A. Roth Street Address	Envilouer/Ocea	pation/Labor Organization*	<u> </u>			Form (Cash, Che	ck etc.)
	Employer/Occu	pation basor organization				Check	cut, ctc.)
Grandee Cliffs DR	State	Zin Coda	М	D	Y	Amount	
City D. 1.1:	State	Zip Code	0 9	1	1 3	MICHIN	50.00
Dublin	OH	43016			LI∃ Ber, if PA		30.00
Full Name of Contributor			registra	non num	⊮ca,⊪rA	·C	
Jeanne L Horvath	In I co		1			Form (Carl CE	ok ato)
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
2431 Channibg RD		la: o i	1 32	I 5	l v	Check	
City	State	Zip Code	M	D	Y	Amount	150.00
University Heights	OH	44118	0 9		1 3		150.00
Full Name of Contributor			Registra	tion Num	iber, if PA	ı	
Ermagene D. Kelly			_L			Ir (C. 1. C.	-i \
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
7814 Wicklow CT				T		Check	
City	State	Zip Code	M	D	Y	Amount	E0.00
Dublin	OH	43017	1 0		1 3	<u> </u>	50.00
Full Name of Contributor Registration Number, if PAC							
Sharon R Buehrer							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
1425 Wynwood LN						Check	
City	State	Zip Code	M	D	Y	Amount	EE 00
Williamsport	$P \mid A$	17701	1 0		1 3	<u></u>	75.00
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC .	
Cynthia Hoffman							· · · · · · · · · · · · · · · · · · ·
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
88 West Kossuth ST					,	Check	
City	State	Zip Code	М	D	Y	Amount	 .
Columbus	OH	43206		0 1			50.00
Full Name of Contributor			Registra	tion Nun	nber, if P/	AC	
Timothy Coss							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
7665 W Kestrel Way					Check		
City	State	Zip Code	М	D	Y	Amount	
Dublin	OH	43017	1 0	0 2	1 3		25.00
Full Name of Contributor Registration Number, if PAC							
Frances Merrell							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
8742 Craigston CT				Check			
City	State	Zip Code	М	D	Y	Amount	
Dublin	OH I	43017	11)	0 8	1 3	L	25.00
L WILL			wheread the			name of the	

* 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)]

Page Total \$	525.00
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