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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR GOOD GOVERNM	ENT						
Full Name of Contributor				Registration Number, if PAC			
Karen Bailey							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
7127 Walnut Street						Check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	OH	43081	1 0	1 4	0 9	500.00	
Full Name of Contributor			CONTRACTOR DE LA CONTRA	DANGER CONTRACTOR OF THE PROPERTY OF THE PROPE	ber, if PA	8	
James Bachmann							
Street Address	Employer/Occup	ation/Labor Organization*	<u>C</u>		erotuska archivograpada.	Form (Cash, Check, etc.)	
7559 Ehret Round						Check	
City	State	Zip Code	М	D	Y	Amount	
New Albany	OH	43054	1 0	1 7	0 9	250.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Janice Bobb							
Street Address	Employer/Occup	ation/Labor Organization*			an San Balla Characteristic San Barre	Form (Cash, Check, etc.)	
8200 Clouse Rd						Check	
City	State	Zip Code	М	D	Y	Amount	
New Albany	O H	43054	1 0	2 6	0 9	100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Charles Dankworth					NAMED TO PARTICULAR OF THE PAR		
Street Address	Employer/Occup.	ation/Labor Organization*				Form (Cash, Check, etc.)	
7574 Fenway Road						Check	
City	State	Zip Code	M	D	Y	Amount	
New Albany		43054	1 0	CONTRACTOR OF STREET	THE PARTY OF THE P	250.00	
Full Name of Contributor Registration Number, if PAC							
Greg Comfort							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
5500 New Albany Road	EMH&T			Check			
City	State	Zip Code	M	D	Y	Amount	
Columbus	O   H	43054	1 0	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		1,000.00	
Full Name of Contributor Registration Number, if PAC							
Carl English Street Address Employer/Occupation/Labor Organization* From (Cash Check etc.)							
	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
7684 Ogden Woods Blvd	Ctata	7: 01.	1 )4	1 15	T 3/	Check	
	State H	Zip Code	M	D	Y	Amount	
New Albany Full Name of Contributor	LO H	43054			0 9 ber, if PA		
Everett Gallagher			Registra	tion Num	ber, ii PA	C	
Street Address	Employer/Occup	ation/Labor Organization*		-		Form (Cash, Check, etc.)	
	EmployenOccup	atton/Lagor Organization					
7568 S. Goodrich Square	State	Zip Code	M	D	Y	Check Amount	
New Albany	OH	43054	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0$	1		100.00	
Full Name of Contributor		1 10001			0 9 ber, if PA		
Benjamin Hale			n cgistia	con ivuili	ooi, 11 1 /4		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
7504 Phelps Close				Check			
City	State	Zip Code	М	D	Y	Amount	
New Albany	ОН	43054	1 0	1 5	0 9	1,000.00	
Barrier State Control of the Control				***************************************	december to the contract of th	la constitución de la constitución	

Page Total \$ 3,450.00

<sup>\*</sup> 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)]