## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

No man of Committees in F. II								
Name of Committee in Full								
Citizens for Shane Ewald				Registration Number, if PAC				
Full Name of Contributor			Registra	uon N <b>um</b> i	oer, it i'A	C		
Citizens for Anne Gonzales	Empley-90	ution/I also Organization*	L			Form (Cash, Che	wk ata\	
Street Address	Employer/Occup	ation/Labor Organization*				· ·	ock, etc.)	
865 Macon Alley	P	Tin Code	1.4	13	Ÿ	Check		
City Callery has a	State H	Zip Code	M	10		AMOUM	100 00	
Columbus	I O   H	43206	0 9	2 8	1 5	C	100.00	
Full Name of Contributor			registra	aon Num	oci, il FA	C		
Contributions from form No. 31-E	Employme/Oggur	ation(Labor Otamairation*				Form (Cash, Che	eck etc.)	
Street Address	Етрюует/Оссиј.	Employer/Occupation/Labor Organization*				i Qitti (Casa, Ca	cer. cic.)	
Ch	Cinia.	Zip Code	I M	D	Ý	Amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City	State 1	Zap Code	1 ° .	1 .		THOUSE	960.00	
Full Name of Contributor		<u> </u>		0 1		C C	900.00	
			Negisita	.con (vuill	oci, ii 17\			
Thomas J. Wester Street Address	Firmple wort Occur	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
	isinployer/c/ccup	attantation organization				Check		
888 Ludwig Dr.	State	Zip Code	М	D	Ý	Amount	<del>.</del>	
1 1	OH	43230	1 0	1 .	1 5		50.00	
Gahanna Full Name of Contributor	10 11	<del>4</del> 0400		tion Num			50.00	
			ixeg					
Elizabeth T. Smith Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
<b>9</b>	Lanpioyes/Occup							
1045 Eastchester Dr.	State	Zip Code	М	T D	Y	Check Amount		
1 ·	O H	43230	1 0	1 .	I .		200.00	
Gahanna Full Name of Contributor	10111	40400		tion Num			200.00	
Dean Blamer				t ·will	, , - / ,	-		
Street Address	Employer/Occup		_ <del></del>			eck, etc.)		
1118 Swanson Ct.	ising/iojenoccu	San				Check	• /	
City	State	Zip Code	М	D	Y	Amount	-	
1 ·	O   H	43068	1 0	i	1   5	i	50.00	
Reynoldsburg Full Name of Contributor		1 4000		tion Num		AC		
			1					
Alan M. McClintock Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>			Form (Cash, Ch	eck, etc.)	
	i i i proyer/Occu	- Sample of the Company of the Compa				Check	,	
702 Waybaugh Dr.	State	Zip Code	М	D	Y	Amount		
1 -	O H			0 6			100.00	
Gahanna Full Name of Contributor	10111	1 40200	Registra	ation Num	ber, if P/	\C	100.00	
			1.05.31			-		
Paula Roman Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash. Ch	eck, etc.)	
	тациоуеносси	Employer/Occupanotoration Organization					Check	
748 N Stygler Rd.	State	Zip Code	М	Тр	ΙΥ	Amount		
<b>1</b> *	1		l l	1 .	1 5	1	50.00	
Gahana Full Name of Contributor	10111	O H 43230 1 0 1 1 1 5  Registration Number, if PA						
Pun Panic D Commonor			1306130			-		
Street Address	Employer/Occupation/Lubor Organization*					Form (Cash, Cl	ieck, etc.)	
Succe Audiess	Employer/Occu	Employer/Occupation/13000 Organization						
Circ	State	Zip Code	М	D	ΙΥ	Amount		
City	1	-Sp 0000	"		Li	1		
			malayad tha	1				

\* 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 \$ 1,510.00