

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CITIZENS FOR BERYL D. ANDERSON</b>										
Full Name of Contributor <b>RONALD WILLIAMS</b>						Registration Number, if PAC				
Street Address <b>238 CHERRYSTONE DRIVE N</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PAYPAL</b>				
City <b>GAHANNA</b>		State <b>OH</b>	Zip Code <b>43230</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>MICHELLE ALEXANDER</b>						Registration Number, if PAC				
Street Address <b>1267 JENSEN PARK DRIVE</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PAYPAL</b>				
City <b>NEW ALBANY</b>		State <b>OH</b>	Zip Code <b>43054</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>LISA SHIROMA</b>						Registration Number, if PAC				
Street Address <b>8263 KESEGS WAY</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PAYPAL</b>				
City <b>BLACKICK</b>		State <b>OH</b>	Zip Code <b>43004</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>DEBORAH A THOMAS</b>						Registration Number, if PAC				
Street Address <b>1621 BISBEE COURT</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PAYPAL</b>				
City <b>NEW ALBANY</b>		State <b>OH</b>	Zip Code <b>43054</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Amount <b>\$300.00</b>
Full Name of Contributor <b>CATHERINE SINDOS</b>						Registration Number, if PAC				
Street Address <b>305 TRIMBLE LANE</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PAYPAL</b>				
City <b>EXTON</b>		State <b>PA</b>	Zip Code <b>19341</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Y <b>2</b>	Y <b>1</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>PAYPAL</b>						Registration Number, if PAC				
Street Address <b>211 NORTH FIRST STREET</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PAYPAL</b>				
City <b>SAN JOSE</b>		State <b>OH</b>	Zip Code <b>95131</b>		M <b>0</b>	D <b>6</b>	Y <b>0</b>	Y <b>9</b>	Y <b>1</b>	Amount <b>\$1.95</b>
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	Y	Y	Y	Amount
		OH								
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M	D	Y	Y	Y	Amount
		OH								

\* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$601.95**