Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Shane Ewald							
Full Name of Contributor				Registration Number, if PAC			
Paula Roman							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
748 North Stygler Road	<u> </u>					Check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	O H	43230	0 9	2 8	1 1	100.00	
Full Name of Contributor	Registration Number, if PAG					С	
Lawrence Levinson							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
4568 Neiswander Square						Check	
City	State	Zip Code	М	D	Y	Amount	
New Albany	O H	43054	0 9	2 9	1 1	100.00	
Full Name of Contributor			Registrat				
Alan McClintock							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
702 Waybaugh Drive		-				Check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	OH	43230	10	0 2		100.00	
Full Name of Contributor		10200			per, if PA		
E. Scott Shaw							
Street Address	TEmployer/Occup	ation/Labor Organization*	_ 			Form (Cash, Check, etc.)	
500 South Front Street, Suite 130	200,000,000	WIN 2007				Check	
City	State	Zip Code	М	D	Y	Amount	
•	O H	43215	1 0	0 7	' 1 1	100.00	
Columbus Full Name of Contributor	0 1 11	43213			111		
Į ·							
Daniel Heinmiller	Tr1					Complete Charles at a)	
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
508 Mechwart Place		T	1., 1		,,	Check	
City	State	Zip Code	M	D Late	l Y i	Amount	
Gahanna	O H	43230	10	0 7	1 1	100.00	
Full Name of Contributor Registration Number, if PAC							
Joseph Spanovich							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
760 Taylor Road						Check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	O H	43230	1 0	1 0	1 1	50.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	С	
			1				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
		<u> </u>	<u> </u>				
City	State	Zip Code	М	D	Y	Amount	
	<u> </u>	<u></u>					
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
						ļ	
City	State	Zip Code	М	Ð	Υ	Amount	
	1 1						

Page Total \$ 550.00

^{*} 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)]