

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | | | | | |
|--|--|--------------------|--|---|--|----------------|--|----------------|--|----------------|--|------------------------|--|
| Name of Committee in Full Citizens for Beryl D. Anderson | | | | | | | | | | | | | |
| Full Name of Contributor Toni Smith-Alston | | | | | | | Registration Number, if PAC | | | | | | |
| Street Address 6740 Temperance Pt. St. | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | | | | | |
| City Westerville | | State OH | | Zip Code 43082 | | M 10 | | D 22 | | Y 11 | | Amount 50.00 | |
| 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 | | Amount | |
| 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 | | Amount | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | | | | | |
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| City | | State | | Zip Code | | M | | D | | Y | | Amount | |

* 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)]