

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 C. SMITH-ALSTON | | | | | | Registration Number, if PAC | | | |
| Street Address 6740 TEMPERANCE POINT ST | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | | |
| City WESTERVILLE | | State OH | | Zip Code 43082 | | M 0 | D 4 | Y 2 | Amount \$25.00 |
| Full Name of Contributor KAREN JEFFRIES | | | | | | Registration Number, if PAC | | | |
| Street Address 5701 N HIGH ST, SUITE 200 | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | | |
| City WORHINGTON | | State OH | | Zip Code 43085 | | M 0 | D 4 | Y 2 | Amount \$25.00 |
| Full Name of Contributor JANIS WRIGHT | | | | | | Registration Number, if PAC | | | |
| Street Address 3137 OAK SPRING ST | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | | State OH | | Zip Code 43219 | | M 0 | D 4 | Y 2 | Amount \$25.00 |
| Full Name of Contributor DAYNA MCCRARY | | | | | | Registration Number, if PAC | | | |
| Street Address 352 BEECHER ROAD | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | | |
| City GAHANNA | | State OH | | Zip Code 43230 | | M 0 | D 4 | Y 2 | Amount \$25.00 |
| Full Name of Contributor W. EARL JENNINGS | | | | | | Registration Number, if PAC | | | |
| Street Address 5411 GORDON WAY | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | | |
| City DUBLIN | | State OH | | Zip Code 43017 | | M 0 | D 5 | Y 1 | Amount \$100.00 |
| Full Name of Contributor RANDI MITCHELL | | | | | | Registration Number, if PAC | | | |
| Street Address 2702 HALLECK DRIVE | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | | State OH | | Zip Code 43209 | | M 0 | D 5 | Y 0 | Amount \$100.00 |
| Full Name of Contributor SHERRY KEYS-HEBRON | | | | | | Registration Number, if PAC | | | |
| Street Address 6042 MEDALLION DRIVE | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | | |
| City WESTERVILLE | | State OH | | Zip Code 43082 | | M 0 | D 5 | Y 0 | Amount \$100.00 |
| Full Name of Contributor JENNIFER COMBS | | | | | | Registration Number, if PAC | | | |
| Street Address 2679 HALLECK DRIVE | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | | State OH | | Zip Code 43209 | | M 0 | D 5 | Y 0 | Amount \$50.00 |

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

Page Total **\$450.00**