

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 KITTY JOHNSON						Registration Number, if PAC					
Street Address 1386 KENWICK ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City COLUMBUS		State OH	Zip Code 43209		M 0	D 4	Y 2	Y 2	Y 1	Y 5	Amount \$40.00
Full Name of Contributor DEBRA PORTER-SAWYER						Registration Number, if PAC					
Street Address 175 MACKENZIE DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City PICKERINGTON		State OH	Zip Code 43147		M 0	D 4	Y 2	Y 5	Y 1	Y 5	Amount \$50.00
Full Name of Contributor MARTY P. POWELL						Registration Number, if PAC					
Street Address 243 BRUEGHEL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City BLACKICK		State OH	Zip Code 43004		M 0	D 4	Y 2	Y 0	Y 1	Y 5	Amount \$50.00
Full Name of Contributor S. CLARKE WILLIAMS						Registration Number, if PAC					
Street Address 926 LINCOLN PLACE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City BROOKLYN		State NY	Zip Code 11213		M 0	D 5	Y 0	Y 1	Y 1	Y 5	Amount \$100.00
Full Name of Contributor SHERRIE PASSMORE						Registration Number, if PAC					
Street Address 1239 SANCTUARY PLACE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City GAHANNA		State OH	Zip Code 43230		M 0	D 4	Y 2	Y 7	Y 1	Y 5	Amount \$50.00
Full Name of Contributor JOSEPH N MOHRE						Registration Number, if PAC					
Street Address 5280 Abbygate Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City Westerville		State OH	Zip Code 43081		M 0	D 5	Y 0	Y 7	Y 1	Y 5	Amount \$50.00
Full Name of Contributor ANITA CHANDLER						Registration Number, if PAC					
Street Address 8741 SWISHER CREEK CROSSING			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City NEW ALBANY		State OH	Zip Code 43054		M 0	D 4	Y 2	Y 3	Y 1	Y 5	Amount \$150.00
Full Name of Contributor JEANETTE HUNT OSBORN						Registration Number, if PAC					
Street Address 642 DARK STAR AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City GAHANNA		State OH	Zip Code 43230		M 0	D 4	Y 2	Y 5	Y 1	Y 5	Amount \$25.00

* 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 **\$515.00**