Statement of Contributions Received

Page _____

Prescribed by Sccretary of State 03/05

Name of Committee in Full Citizens To Retain Hood						
Full Name of Contributor Samuel S. Shamansky Co. LPA - S	Sam Shamansky	, 	Registration Nu	mber, if Pa	ΆĈ	
Street Address 523 South Third St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State	Zip Code 43215	M D D 3 2 5	1	Amount \$1,000.00	
Full Name of Contributor Transfer from Form 31-E			Registration Nu	mber, if Pa	AC	
Street Address	Employer/Oceu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D D 3 1 8	1 ^Y .	Amount \$6,395.00	
Transfer from Form 31-E			Registration Nur	mber, if Pa	AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	0 ^M 3 2 ^D 5	1 5	Amount \$3,010.00	
Full Name of Contributor Brett Stobbs				Registration Number, if PAC		
Street Address 655 Caton		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
^{City} Reynoldsburg	State OH	Zip Code 43068	M D D 1 4	1 5	Amount \$60.00	
Full Name of Contributor J. Douglas Stewart			Registration Nur	mber, if Pa	AC	
Street Address 7518 Slate Ridge Blvd.	Employer/Occu	upation/Labor Organization			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43068	0 4 1 4	1 ^Y 5	Amount \$150.00	
Full Name of Contributor Lawrence Levinson			Registration Nur	mber, if Pa	AC	
Street Address 4477 Ackerly Farm	Employer/Occu	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
^{City} New Albany	State OH	Zip Code 43054	0 4 1 4	1 5	Amount \$50.00	
Full Name of Contributor			Registration Nur		AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				
City	State OH	Zip Code	M D	Y	Amount	
Full Name of Contributor Registration Number, if					AC	
Street Address	Employer/Occu	upation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D	Y	Amount	

Page Total \$10,665.0

^{*} 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)]