

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 POLITE CARE, LLC, MARIETTE POLITE						Registration Number, if PAC			
Street Address 1329 CHERRY WAY DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City GAHANNA		State OH		Zip Code 43230		M 0	D 6	Y 2	Amount \$150.00
Full Name of Contributor JEROME R. RICHARDS						Registration Number, if PAC			
Street Address 1100 CAROWAY BLVD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City GAHANNA		State OH		Zip Code 43230		M 0	D 6	Y 2	Amount \$25.00
Full Name of Contributor LAUREN RIVERS						Registration Number, if PAC			
Street Address 8443 KIERNAN DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL		
City NEW ALBANY		State OH		Zip Code 43054		M 0	D 6	Y 2	Amount \$25.00
Full Name of Contributor CAROL L. PERKINS						Registration Number, if PAC			
Street Address 1580 MELROSE AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43224		M 0	D 7	Y 2	Amount \$50.00
Full Name of Contributor CARLA HOLLAND						Registration Number, if PAC			
Street Address 674 AUDRA COURT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City GAHANNA		State OH		Zip Code 43230		M 0	D 7	Y 2	Amount \$25.00
Full Name of Contributor MICHELLE RICHARDS KALNAS						Registration Number, if PAC			
Street Address 4567 NORTHGATE RAOD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PAYPAL		
City NEW ALBANY		State OH		Zip Code 43054		M 0	D 8	Y 1	Amount \$100.00
Full Name of Contributor LYNNE D. LACOUR						Registration Number, if PAC			
Street Address 1809 N. CASSADY AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State OH		Zip Code 43219		M 0	D 9	Y 1	Amount \$100.00
Full Name of Contributor SHELLY C LAWLER ROBINSON						Registration Number, if PAC			
Street Address 8183 CLARK STATE ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City BLACKLICK		State OH		Zip Code 43004		M 0	D 9	Y 1	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 **\$525.00**