31-A
R.C. 3517.10

Page 1

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full								
CITIZENS FOR RAMSEY								
Full Name of Contributor							**Registration Number, if PAC**	
DAVID GRIFFITH								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
2355 WORTHAN RD.								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
HILLIARD	OH	43026	08	06	15			50.00
Full Name of Contributor							**Registration Number, if PAC**	
BRIAN SYNETT								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
5079 RAVENGLASS CT.								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS.	OH	43221	08	07	15			40.00
Full Name of Contributor							**Registration Number, if PAC**	
MARCUS SIMPSON								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
6736 TRAFALGAR LOOP								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
DUBLIN	OH	43016	08	10	15			50.00
Full Name of Contributor							**Registration Number, if PAC**	
KELLI PECKER								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
8825 ROBERTS RD								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Galloway	OH	43119	08	11	15			50.00
Full Name of Contributor							**Registration Number, if PAC**	
BRIAN KING								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
5201 EPSON CT.								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	OH	43221	08	13	15			100.00
Full Name of Contributor							**Registration Number, if PAC**	
CHRIS MCGOVERN								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
								CASH
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
			08	13	15			40.00
Full Name of Contributor							**Registration Number, if PAC**	
Bettemae RAMSEY								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
2695 EVEREST CIRCLE								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
AKRON	OH	44333						1,000
Full Name of Contributor							**Registration Number, if PAC**	
SHARRON SIMONS								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
5144 GRANITE DR.								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
HILLIARD	OH	43026	09	24	15			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 $ 1,355.00