

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Nathan Burd							
Full Name of Contributor Anne Gonzales						Registration Number, if PAC	
Street Address 335 Wildwood Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State OH	Zip Code 43081	M 0	D 3	Y 1	Amount \$50.00
Full Name of Contributor Elverna Wolpert						Registration Number, if PAC	
Street Address 4786 Davidson Road			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Hilliard		State OH	Zip Code 43026	M 0	D 3	Y 2	Amount \$100.00
Full Name of Contributor Richard Harris						Registration Number, if PAC	
Street Address 1100 Bedlington Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg		State OH	Zip Code 43068	M 0	D 3	Y 2	Amount \$75.00
Full Name of Contributor Ginni Ragan						Registration Number, if PAC	
Street Address 546 Westbury Woods Court			Employer/Occupation/Labor Organization* Alzheimer, Dementia & Aging Advocate			Form (Cash, Check, etc.) Check	
City Westerville		State OH	Zip Code 43081	M 0	D 3	Y 2	Amount \$100.00
Full Name of Contributor James Hood						Registration Number, if PAC	
Street Address 8388 Lucerne Drive			Employer/Occupation/Labor Organization* City of Reynoldsburg, City Attorney			Form (Cash, Check, etc.) Check	
City Reynoldsburg		State OH	Zip Code 43068	M 0	D 4	Y 1	Amount \$100.00
Full Name of Contributor Citizens for Stephanie McCloud						Registration Number, if PAC	
Street Address 14 East Gay Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 0	D 4	Y 1	Amount \$750.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M	D	Y	Amount

* 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)]