## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				-universalismosomi	landridako berlahan	(hanso) Asso	inasimoninisti previta			
Bryan Shoemaker Committee For Hone	estv. Inte	ority	v. & Education							
Full Name of Contributor					Registration Number, if PAC					
Bryan Shoemaker										
Street Address	Employer/Occ					Form (Cash, Ch	eck, etc.)			
5522 Shagbark Place						Cash				
City	State	Zip	p Code	М	D	T	Y	Amount		
Groveport	1 0	1   1	43125	0   7	0	1	0 9		100.00	
Full Name of Contributor Registration Number, if PAC										
Bryan Shoemaker										
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Ch	eck, etc.)	
5522 Shagbark Place								Cash		
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Bryan Shoemaker							are and a strong to the real forms of the			
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Ch	eck, etc.)	
5522 Shagbark Place								Cash		
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Bryan Shoemaker										
Street Address	Employer/Occupation/Labor Organization*					Fe			eck, etc.)	
5522 Shagbark Place					_,			Cash		
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Groveport	$\mid O \mid \Gamma$	1   1	43125	The state of the s	3 1		0 9		71.97	
Full Name of Contributor Registration Number, if PAC										
Bryan Shoemaker										
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Ch	eck, etc.)	
5522 Shagbark Place	2	1		1	<del></del>			Cash		
City	State		p Code	M	D		Y	Amount	20.02	
Groveport	O   I	1	43125		3 1		0 9	Contraction of the contraction o	38.03	
Full Name of Contributor Registration Number, if Pa								IC.		
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Street Address	Employer/Occupation/Labor Organization							Form (Cash, Ch	eck, etc.)	
C'	State	7:	p Code	М	D		Y	Amount		
City	State	21	p Code	IVI		1	1	Amount		
Full Name of Contributor				Regist	ration N	luml	er, if PA			
Tur valie of Controlator			105130	ation	vuiii	, II 1 7	10			
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)				
Sincer Address Employer/Occupation/Labor Organization*									ioon, ote.,	
City	State	Zir	p Code	M	D		Y	Amount		
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Full Name of Contributor Registration Number, if PA								AC.		
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Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Ch	eck, etc.)	
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City	State	Zii	p Code	М	D	7	Y	Amount		
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\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 910.00