

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Bryan Shoemaker Committee For Honesty, Integrity, & Education									
Full Name of Contributor Bryan Shoemaker						Registration Number, if PAC			
Street Address 5522 Shagbark Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Groveport		State O H	Zip Code 43125		M 0 7	D 0 1	Y 0 9	Amount 100.00	
Full Name of Contributor Bryan Shoemaker						Registration Number, if PAC			
Street Address 5522 Shagbark Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Groveport		State O H	Zip Code 43125		M 0 7	D 0 2	Y 0 9	Amount 500.00	
Full Name of Contributor Bryan Shoemaker						Registration Number, if PAC			
Street Address 5522 Shagbark Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Groveport		State O H	Zip Code 43125		M 0 7	D 1 0	Y 0 9	Amount 200.00	
Full Name of Contributor Bryan Shoemaker						Registration Number, if PAC			
Street Address 5522 Shagbark Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Groveport		State O H	Zip Code 43125		M 0 8	D 1 1	Y 0 9	Amount 71.97	
Full Name of Contributor Bryan Shoemaker						Registration Number, if PAC			
Street Address 5522 Shagbark Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Groveport		State O H	Zip Code 43125		M 0 8	D 1 1	Y 0 9	Amount 38.03	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	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	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	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 910.00