

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR RAMSEY						
Full Name of Contributor DAVID GRIFFITH				Registration Number, if PAC		
Street Address 2355 WALBORN DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH		
City HILLIARD	State OH	Zip Code 43026	M 0	D 8	Y 0615	Amount 50.00
Full Name of Contributor BRIAN SYNETT				Registration Number, if PAC		
Street Address 5079 RAUENBLAST CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43221	M 0	D 8	Y 0715	Amount 40.00
Full Name of Contributor MARLUS SIMPSON				Registration Number, if PAC		
Street Address 6736 TRAFALGAR LOOP		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City DUBLIN	State OH	Zip Code 43016	M 0	D 8	Y 1015	Amount 50.00
Full Name of Contributor KELLI PECKER				Registration Number, if PAC		
Street Address 8825 ROBERTS RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City Galloway	State OH	Zip Code 43119	M 0	D 8	Y 1115	Amount 50.00
Full Name of Contributor BRIAN KINT				Registration Number, if PAC		
Street Address 5201 EPSON CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43221	M 0	D 8	Y 1315	Amount 100.00
Full Name of Contributor CAROL MCGOVERN				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH		
City	State	Zip Code	M 0	D 8	Y 1315	Amount 40.00
Full Name of Contributor BETHEMARE RAMSEY				Registration Number, if PAC		
Street Address 2695 EVERETT CIRCLE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City AKRON	State OH	Zip Code 44333	M	D	Y	Amount 1,000
Full Name of Contributor SHARON SIMONS				Registration Number, if PAC		
Street Address 5144 GRANITE DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK		
City HILLIARD	State OH	Zip Code 43026	M 0	D 9	Y 2415	Amount 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**