

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Gawronski</b>							
Full Name of Contributor <b>Peter R Buehrer</b>					Registration Number, if PAC		
Street Address <b>890 Bricker BLVD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>1</b>	D <b>0</b>	Y <b>8</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Lawrence E Buehrer</b>					Registration Number, if PAC		
Street Address <b>7830 Winding Way N</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Tipp City</b>	State <b>OH</b>	Zip Code <b>45371</b>	M <b>1</b>	D <b>0</b>	Y <b>5</b>	Amount <b>60.00</b>	
Full Name of Contributor <b>Laura R Merritt</b>					Registration Number, if PAC		
Street Address <b>7685 Kestrel WY E</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>0</b>	Y <b>5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Joan E Roma</b>					Registration Number, if PAC		
Street Address <b>6307 Memorial DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>0</b>	Y <b>4</b>	Amount <b>30.00</b>	
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	
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 \$ 240.00