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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Gawronski							
Full Name of Contributor			Registrat	ion Num	ber, if PA	.C	
Peter R Buehrer							
Street Address	Employer/Oca	pation/Labor Organization*				Form (Cash, C	heck, etc.)
890 Bricker BLVD						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43221	1110	018	1 3		50.00
Full Name of Contributor	,,			_	ber, if PA	Ċ	
Lawrence E Buehrer							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cas			Form (Cash, C	heck, etc.)	
7830 Winding Way N		•				Check	
City	State	Zip Code	М	D	Y	Amount	
Tipp City	ОН	45371	1 0		1 3		60.00
Full Name of Contributor	[011]	100.1		_	ber, if PA	C	00.00
Laura R Merritt							
Street Address	Employer/Occu	ipation/Labor Organization*	<u> </u>			Form (Cash, C	heck, etc.)
7685 Kestrel WY E						Check	
City	State	Zip Code	М	D	ΙΥ	Amount	
Dublin	ОН	43017		ı	1 3		100.00
Full Name of Contributor	TOTT:	13017			ber, if PA		100.00
Joan E Roma			ľ		,		
Street Address	Employer/Occupation/Labor Organization Form (Cash, Check, etc.)						
6307 Memorial DR	' '		ľ			Check	,
City	State	Zip Code	M	D	Y	Amount	
Dublin	OH	43017		$1 \mid 4$	1 .		30.00
Full Name of Contributor	OII	10017	_		iber, if P/	C.	50.00
Tall Hall of Constitution							
Street Address	Employer/Occi	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
	' '						
City	State	Zip Code	М	D	Y	Amount	
	1 1	'		li	1 1		
Full Name of Contributor			Registra	tion Nun	iber, if PA	.С	
a di Andrea de Controllos de C							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, C	heck, etc.)		
	1						
City	State	Zìp Code	М	D	ΙΥ	Amount	
*	i i	ì			1	1	
Full Name of Contributor			Registra	tion Nun	ber, if PA	NC .	
Street Address	rect Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					heck, etc.)	
	1						
City	State	Zip Code	М	D	ΙΥ	Amount	
				1 1	1	ļ	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occ	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
		-					
City	State	Zip Code	М	D	Υ	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