

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Shane Ewald									
Full Name of Contributor Jean Georgeff						Registration Number, if PAC			
Street Address 9936 Oxford Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington		State O H		Zip Code 43147		M 1 0	D 2 9	Y 1 1	Amount 50.00
Full Name of Contributor George Georgeff						Registration Number, if PAC			
Street Address 107 Granville Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H		Zip Code 43230		M 1 0	D 2 9	Y 1 1	Amount 100.00
Full Name of Contributor Dominic Mango						Registration Number, if PAC			
Street Address 5649 Van Wert Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State O H		Zip Code 43026		M 1 1	D 0 1	Y 1 1	Amount 50.00
Full Name of Contributor Christopher Baer						Registration Number, if PAC			
Street Address 777 Waggoner Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State O H		Zip Code 43068		M 1 1	D 0 2	Y 1 1	Amount 25.00
Full Name of Contributor Scott Weisman						Registration Number, if PAC			
Street Address 601 South High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State O H		Zip Code Columbus		M 1 1	D 0 5	Y 1 1	Amount 100.00
Full Name of Contributor Amy Ernst						Registration Number, if PAC			
Street Address 965 Birchmont Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State O H		Zip Code 43220		M 1 1	D 0 5	Y 1 1	Amount 100.00
Full Name of Contributor Margo Bishop						Registration Number, if PAC			
Street Address 113 Shull Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H		Zip Code 43230		M 1 1	D 0 6	Y 1 1	Amount 25.00
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 \$ 450.00