

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Zellers 4 Council							
Full Name of Contributor Ethics Commission						Registration Number, if PAC	
Street Address 30 W Spring St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus			State OH	Zip Code 43215	M 0	D 4	Y 15
						Amount 5.00	
Full Name of Contributor Bradley McCloud						Registration Number, if PAC	
Street Address 912 Rosahill			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Reynoldsburg			State OH	Zip Code 43068	M 0	D 4	Y 15
						Amount 500.00	
Full Name of Contributor Andrew Martini						Registration Number, if PAC	
Street Address 367 Channel Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus			State OH	Zip Code 43235	M 0	D 4	Y 15
						Amount 25.00	
Full Name of Contributor Ken Crockett						Registration Number, if PAC	
Street Address 2700 Kenview Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Columbus			State OH	Zip Code 43209	M 0	D 4	Y 15
						Amount 100.00	
Full Name of Contributor Allan Vannoy						Registration Number, if PAC	
Street Address 12614 Cable Rd SW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Potosi			State OH	Zip Code 43082	M 0	D 5	Y 15
						Amount 50.00	
Full Name of Contributor Leslie B. Longner						Registration Number, if PAC	
Street Address 5991 Mechanicsburg Catawba Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Mechanicsburg			State OH	Zip Code 43044	M 0	D 4	Y 15
						Amount 100.00	
Full Name of Contributor Matthew Anderson						Registration Number, if PAC	
Street Address 4959 Blender Pond Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Waverille			State OH	Zip Code 43081	M 0	D 5	Y 15
						Amount 250.00	
Full Name of Contributor Leslie Giles						Registration Number, if PAC	
Street Address 41440 Brown Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Potosi			State OH	Zip Code 43719	M 0	D 5	Y 15
						Amount 20.00	

* 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)]