

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Rhodes</b>									
Full Name of Contributor <b>Worthington Republican Women's Club</b>							Registration Number, if PAC		
Street Address <b>526 Haymore Avenue North</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Worthington</b>		State <b>OH</b>		Zip Code <b>43085</b>		M <b>1</b>		D <b>0</b>	
						Y <b>2</b>		Amount <b>\$100.00</b>	
Full Name of Contributor <b>Iron Workers Local Union 172</b>							Registration Number, if PAC <b>LA229</b>		
Street Address <b>2867 South High Street</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43207</b>		M <b>1</b>		D <b>0</b>	
						Y <b>3</b>		Amount <b>\$150.00</b>	
Full Name of Contributor <b>Arthur Wallis Shantz Jr.</b>							Registration Number, if PAC		
Street Address <b>410 Belle Haven Pky</b>				Employer/Occupation/Labor Organization* <b>Retired</b>				Form (Cash, Check, etc.) <b>check</b>	
City <b>Westerville</b>		State <b>OH</b>		Zip Code <b>43082</b>		M <b>1</b>		D <b>1</b>	
						Y <b>1</b>		Amount <b>\$200.00</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	
		OH				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	
		OH				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	
		OH				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	
		OH				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	
		OH				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 also appear. [R.C. 3517.10(B)(4)]