

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens with McCarty									
Full Name of Contributor William G. McCarty						Registration Number, if PAC			
Street Address 224 Darbyhurst Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43228		M 0	D 3	Y 0	Amount \$25.00
Full Name of Contributor Cynthia L. Hook						Registration Number, if PAC			
Street Address 3340 Grovepark Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 0	D 4	Y 0	Amount \$25.00
Full Name of Contributor P.R. Shrum						Registration Number, if PAC			
Street Address 107 White Ash Drive East			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Asheville		State NC		Zip Code 28803		M 0	D 4	Y 0	Amount \$25.00
Full Name of Contributor Roger L. Branham						Registration Number, if PAC			
Street Address 3186 Kropp Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43123		M 0	D 4	Y 0	Amount \$50.00
Full Name of Contributor Jeffrey A. Rich						Registration Number, if PAC			
Street Address 300 East Broad Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M 0	D 4	Y 0	Amount \$100.00
Full Name of Contributor Marjorie J. Davis						Registration Number, if PAC			
Street Address 4916 Malden Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43228		M 0	D 4	Y 0	Amount \$25.00
Full Name of Contributor Mary E. Will						Registration Number, if PAC			
Street Address 1114 Oak Bay Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Galloway		State OH		Zip Code 43119		M 0	D 4	Y 0	Amount \$25.00
Full Name of Contributor Martin L. Stahl						Registration Number, if PAC			
Street Address 6360 Lambert Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Orient		State OH		Zip Code 43146		M 0	D 4	Y 1	Amount \$50.00

* 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)]

Page Total **\$325.00**