

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR GOOD GOVERNMENT							
Full Name of Contributor Tom Brigdon					Registration Number, if PAC		
Street Address 5495 New Albany Road West		Employer/Occupation/Labor Organization* Northstar Realty llc			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 1	D 0	Y 1 5 0 9	Amount 250.00	
Full Name of Contributor Richard Ramsey					Registration Number, if PAC		
Street Address 7263 Fenway Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 1	D 0	Y 2 8 0 9	Amount 100.00	
Full Name of Contributor David Ryan					Registration Number, if PAC		
Street Address 8930 Bay Colony Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Naples	State F L	Zip Code 34108	M 1	D 0	Y 1 9 0 9	Amount 2,000.00	
Full Name of Contributor William G. Ebbing					Registration Number, if PAC		
Street Address 11 Keswick Commons		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 1	D 1	Y 0 5 0 9	Amount 200.00	
Full Name of Contributor Martin Savko					Registration Number, if PAC		
Street Address 675 Lindsey Marie Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1	D 1	Y 0 5 0 9	Amount 2,000.00	
Full Name of Contributor Dana H. Amos					Registration Number, if PAC		
Street Address 7899 Columbia Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pataskala	State O H	Zip Code 43062	M 1	D 1	Y 0 5 0 9	Amount 500.00	
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	
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 \$ **5,050.00**