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Page	3

Statement of Contributions Received

Prescribed by Secretary of State-3/05

				***************************************	**********			
Name of Committee in Full	יים אי							
CITIZENS FOR GOOD GOVERNME	INI							
Name of Contributor			Registration Number, if PAC					
Tom Brigdon								
Street Address	1 .	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5495 New Albany Road West		ar Realty llc	······································			Check		
City	State	Zip Code	M	D	Y	Amount	a w a a a	
New Albany	O H	43054	Name and Administration of the Control of the Contr	1 5	West and the second		250.00	
Full Name of Contributor			Registrat	ion Numl	per, if PA	С		
Richard Ramsey								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
7263 Fenway Road						Check	9	
City	State	Zip Code	M	D	Y	Amount		
New Albany	O H	43054	1 0	2 8	0 9		100.00	
Full Name of Contributor		,	Registra	ion Numl	ber, if PA	С		
David Ryan								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, C	Check, etc.)	
8930 Bay Colony Drive						Check		
City	State	Zip Code	М	D	Y	Amount		
Naples	FL	34108	1 0	1 9	0 9		2,000.00	
Full Name of Contributor	ere en		Registra	tion Num	ber, if PA	C		
William G. Ebbing								
treet Address Employer/Occupation/Labor Organization*				ulenometero reputablica	Form (Cash, Check, etc.)			
11 Keswick Commons						Check		
City	State	Zip Code	М	D	Y	Amount		
New Albany	OH	43054	1 1	0 5	0 9	TEST STATEMENT S	200.00	
Full Name of Contributor				tion Num				
Martin Savko								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
675 Lindsey Marie Lane						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43235	1 1	0 5	0 9		2,000.00	
Full Name of Contributor				tion Num		.С		
Dana H. Amos								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, (Check, etc.)	
7899 Columbia Road						Check		
City	State	Zip Code	М	D	Y	Amount		
Pataskala Pataskala	OH		111	0 5	0 9		500.00	
Full Name of Contributor		110001		tion Num				
			Ü		,			
Street Address	Employer/Occur	ation/Labor Organization*		Minimum (in trans		Form (Cash, C	Check, etc.)	
on our rudinous	Employer occupation basis of organization					, , , , , , , , , , , , , , , , , , , ,		
City	State	Zip Code	М	D	Y	Amount		
City	State	Zip Code	1					
E. Il Name of Contributor			Registra	tion Num	her if PA			
Full Name of Contributor Registration Number, if PAC								
Street Address Employer/Occupation/Labor Organization*					Form (Cash, 6	Check etc)		
Succe Address	Employer/Occupation/Lavor Organization				orm (cash, check, etc.)			
City	State	Zip Code	M	D	Y	Amount		
City	State	Zip Code	ivi		1	Minount		
		idetes. If contributer is salf and	played the		a oud the	1		

* 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