Statement of Contributions Received

Page	_2

Prescribed by Secretary of State 03/05

Name of Committee in Full Teater for Hilliard				
Full Name of Contributor Stacie Van Deusen			Registration Number, if P	AC
Street Address 5545 Kinvarra Court	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43016	0 4 1 1 1 7	Amount \$50.00
Full Name of Contributor Brian W. Wilson		— III.	Registration Number, if F	AC
Street Address 3847 River Crossing Drive	Employer/Occi	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	0 4 1 1 1 7	Amount \$100.00
Full Name of Contributor Timothy J. Ryan			Registration Number, if PAC	
Street Address 4896 Brixston Drive	Employer/Occa	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	0 4 1 1 1 7	Amount \$20.00
Full Name of Contributor Patricia Rooney Burger	Registration			PAC
Street Address 5941 Hayden Run Road	Employer/Occi	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	0 4 1 1 1 7	Amount \$75.00
Full Name of Contributor Clarence Cunningham			Registration Number, if I	PAC
Street Address 3480 Scioto Run Boulevard	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	0 4 1 1 1 7	Amount \$100.00
Full Name of Contributor John Marschhausen Registration Number, if PAC				
Street Address 2971 Landen Farms Road E.	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	0 4 1 1 1 7	Amount \$50.00
Full Name of Contributor Larry J. Earman			Registration Number, if PAC	
Street Address 4369 Shire Creek Court	Employer/Occ	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	M D Y 0 4 1 1 1 7	Amount \$200.00
Full Name of Contributor Ronald E. Whiteside			Registration Number, if	PAC
Street Address 3808 Stonesthrow Court E	Employer/Occ	supation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	M D Y 0 4 1 1 1 7	Amount \$100.00

Page Total \$695.00

^{*} 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)]