

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Anne Gonzales									
Full Name of Contributor Laura Lea							Registration Number, if PAC		
Street Address 171 E. Park Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43081		M 0		D 6	
						Y 0		Amount 50.00	
Full Name of Contributor William Gordon							Registration Number, if PAC		
Street Address 171 Hiawatha Avenue				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43081		M 0		D 6	
						Y 0		Amount 25.00	
Full Name of Contributor Donald Vargo							Registration Number, if PAC		
Street Address 1108 Lyndale Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43081		M 0		D 6	
						Y 2		Amount 25.00	
Full Name of Contributor William Merriman							Registration Number, if PAC		
Street Address 235 Allview Road				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43081		M 0		D 6	
						Y 2		Amount 50.00	
Full Name of Contributor James Meige							Registration Number, if PAC		
Street Address 905 Wake Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43082		M 0		D 6	
						Y 2		Amount 20.00	
Full Name of Contributor William Tompos							Registration Number, if PAC		
Street Address 389 Scottsdale Court				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43082		M 0		D 6	
						Y 2		Amount 25.00	
Full Name of Contributor Jeffrey M. Brown							Registration Number, if PAC		
Street Address 500 S Front St				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M 0		D 6	
						Y 1		Amount 250.00	
Full Name of Contributor Larry James							Registration Number, if PAC		
Street Address One Miranova Place, Ste 1040				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M 0		D 6	
						Y 0		Amount 250.00	

* 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 \$ **695.00**