Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full				***************************************	2000 Maria (100 maria		
Citizens for Spalding							
Full Name of Contributor David Gormley			Registi	ration Nu	mber, if Pa	AC	
Street Address 3926 Sandstone Cir		ion/Labor Organization* aware County	-Lesson			Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	0 ^M 9	D 2 8	0 9	Amount \$50.00	
Full Name of Contributor Registration Number, if PAC Ronn Kolbash							
Street Address 6180 Brenthurst Dr	Employer/Occupate State of Or	ion/Labor Organization [®] N iO	-Vanuerospininos			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43230	1 M	0 3	0 ^Y 9	Amount \$100.00	
Full Name of Contributor Lauren Spalding	Registration Number, if		mber, if Pa	AC			
Street Address 1940 Glenford Court		ion/Labor Organization* ntington Banc		COAT (00 A CO		Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43089	1 0	0 3	0 9	Amount \$200.00	
Full Name of Contributor M. Chance Spalding	Registration Number, if PAC			AC			
Street Address 1960 Opal St	Employer/Occupati Student	ion/Labor Organization*	-6			Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH	Zip Code 43089	1 M	0 B	0 9	Amount \$100.00	
Full Name of Contributor	Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupati	ion/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occupati	on/Labor Organization*	Form (Cash,		Form (Cash, Check, etc.)		
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nu	mber, if P	AC	
Street Address	Employer/Occupati	Occupation/Labor Organization®			Form (Cash, Check, etc.)		
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC					AC.		
Street Address	Employer/Occupati	on/Labor Organization*		tion (not considerable)		Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Y	Amount	

Page Total \$450.00

^{*} 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)]