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R	C.	35	1	7	10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Harris	garbana kiyang dan gada asan bibi San			***************************************	yayaya waxa sa	
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Cotner for Council				intelligional and an intelligion and an intelligional and an intelligion		
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
1439 Jackson Street						Check
City	State	Zip Code	M	D	Y	Amount
Reynoldsburg	O H	43068	111	0 1	0 9	186.50
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Committee for Chris Long						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
1675 Haft Drive						Check
City	State	Zip Code	M	D	Y	Amount
Reynoldsburg	0 H	43068	1 0	2 6	0 9	186.50
Full Name of Contributor			CANADA CONTRACTOR CONT		ber, if PA	C
Richard E Harris						
reet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1100 Bedlington Court						Check
City	State	Zip Code	М	D	Y	Amount
Reynoldsburg	OH	43068	1 1	0 4	0 9	185.00
Full Name of Contributor			nama and a successive	Antonio	ber, if PA	
Citizens for Nathan Burd						
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
1566 Burkey Court						Check
City	State	Zip Code	Тм	- D	<u>Г</u>	Amount
Reynoldsburg	OH	43068	1 0	2 8	0 9	190.00
Full Name of Contributor			and a supplied that the suppli		ber, if PA	
Bradford Sprague					•	
Street Address	Employer/Occupa	ation/Labor Organization*	_1			Form (Cash, Check, etc.)
1636 Sherborne Lane	' '	C				Check
City	State	Zip Code	М	D	Y	Amount
Powell	ОН	43065	0 9	1 6	0 9	100.00
Full Name of Contributor					ber, if PA	
					,	
Street Address	Employer/Occupa	ation/Labor Organization*		eronomena en		Form (Cash, Check, etc.)
	, , , ,	Ü				, , , , ,
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	tion Num	ber, if PA	C
					,	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
Sirect / tidiless	Employen occup	ation/Euror Organization				, on (easi, energy ele.)
City	State	Zip Code	М	D	Y	Amount
Cny	State	Zip Code				runount
Full Name of Contributor			Pavietro	tion Num	ber, if PA	C
Pull Name of Controllor			Registia	tion ivain	bei, ii rA	C
Ctanget A July 200	Employer/Oss	tion/Labor Organization*				Form (Cach, Chaol, ata)
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
75.	C4-4-	Tin Code	1 1/4	T 15	Ιv	Amount
Cíty	State	Zip Code	M	D	Y	Amount

Page Total \$ 848.00	_
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^{*} 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)]