

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for Harris</b>							
Full Name of Contributor <b>Cotner for Council</b>					Registration Number, if PAC		
Street Address <b>1439 Jackson Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   1</b>	D <b>0   1</b>	Y <b>0   9</b>	Amount <b>186.50</b>	
Full Name of Contributor <b>Committee for Chris Long</b>					Registration Number, if PAC		
Street Address <b>1675 Haft Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>2   6</b>	Y <b>0   9</b>	Amount <b>186.50</b>	
Full Name of Contributor <b>Richard E Harris</b>					Registration Number, if PAC		
Street Address <b>1100 Bedlington Court</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   1</b>	D <b>0   4</b>	Y <b>0   9</b>	Amount <b>185.00</b>	
Full Name of Contributor <b>Citizens for Nathan Burd</b>					Registration Number, if PAC		
Street Address <b>1566 Burkey Court</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>2   8</b>	Y <b>0   9</b>	Amount <b>190.00</b>	
Full Name of Contributor <b>Bradford Sprague</b>					Registration Number, if PAC		
Street Address <b>1636 Sherborne Lane</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Powell</b>	State <b>O   H</b>	Zip Code <b>43065</b>	M <b>0   9</b>	D <b>1   6</b>	Y <b>0   9</b>	Amount <b>100.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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)]