

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR BERYL D. ANDERSON							
Full Name of Contributor JENNIFER COMBS					Registration Number, if PAC		
Street Address 2679 HALLECK DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State OH	Zip Code 43209	M 0	D 4	Y 2	Y 5	Amount \$20.00
Full Name of Contributor REV JOEL L KING JR					Registration Number, if PAC		
Street Address 651 WAYBAUGH DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City COLUMBUS	State OH	Zip Code 43230	M 0	D 4	Y 2	Y 5	Amount \$25.00
Full Name of Contributor RUBY JACKSON					Registration Number, if PAC		
Street Address 1055 HARVEST RIDGE COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City GAHANNA	State OH	Zip Code 43230	M 0	D 4	Y 2	Y 5	Amount \$20.00
Full Name of Contributor ROSALYN RICHARDSON					Registration Number, if PAC		
Street Address 937 RIVA RIDGE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City GAHANNA	State OH	Zip Code 43230	M 0	D 4	Y 2	Y 5	Amount \$100.00
Full Name of Contributor AMIT AGRAWAL					Registration Number, if PAC		
Street Address 1312 RETREAT LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 4	Y 1	Y 8	Amount \$75.00
Full Name of Contributor RICK DUFF					Registration Number, if PAC		
Street Address 312 DUNBARTON ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City GAHANNA	State OH	Zip Code 43230	M 0	D 4	Y 2	Y 3	Amount \$5.00
Full Name of Contributor MAX KING					Registration Number, if PAC		
Street Address 890 WEST END ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City NEW YORK	State NY	Zip Code 10025	M 0	D 4	Y 2	Y 7	Amount \$100.00
Full Name of Contributor BETH BARTTER					Registration Number, if PAC		
Street Address 5931 CLARKE STATE ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City GAHANNA	State OH	Zip Code 43230	M 0	D 5	Y 0	Y 5	Amount \$50.00

* 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 **\$395.00**