

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Citizens to Elect Ganoom									
Full Name of Contributor							Registration Number, if PAC		
Guido Mislin									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4450 Haverford Ct							Check		
City		State	Zip Code		M	D	Y	Amount	
Columbus		OH	43220		1	0	2	8	16
Full Name of Contributor							Registration Number, if PAC		
Bruce Braine									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4131 Fairfax Dr							Check		
City		State	Zip Code		M	D	Y	Amount	
Columbus		OH	43220		1	0	2	8	16
Full Name of Contributor							Registration Number, if PAC		
Robert Maynard									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
321 Stemen Rd							Check		
City		State	Zip Code		M	D	Y	Amount	
Pickerington		OH	43147		1	0	2	8	16
Full Name of Contributor							Registration Number, if PAC		
Jaclyn Jerabek									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1356 LaRochelle Dr							Check		
City		State	Zip Code		M	D	Y	Amount	
Columbus		OH	43221		1	0	2	8	16
Full Name of Contributor							Registration Number, if PAC		
Rick Theis									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
209 Seeley St							Check		
City		State	Zip Code		M	D	Y	Amount	
Brooklyn		NY	11218		1	0	2	8	16
Full Name of Contributor							Registration Number, if PAC		
Lee Jordan									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2424 W Lane Ave							Check		
City		State	Zip Code		M	D	Y	Amount	
Columbus		OH	43221		1	0	2	8	16
Full Name of Contributor							Registration Number, if PAC		
P M Deangelo									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
41 S High St							Check		
City		State	Zip Code		M	D	Y	Amount	
Columbus		OH	43215		1	0	2	8	16
Full Name of Contributor							Registration Number, if PAC		
Margaret Comey									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3543 Bayard Dr							Check		
City		State	Zip Code		M	D	Y	Amount	
Cincinnati		OH	45208		1	0	2	8	16

\* 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)]