

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CONISON FOR COUNCIL							
Full Name of Contributor STONEWALL DEMOCRATS-ERIC WYNE, TREASURER						Registration Number, if PAC	
Street Address 545 E. TOWN STREET			Employer/Occupation/Labor Organization* ORGANIZATION			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43215	M 0	D 7	Y 0811	Amount \$100.00
Full Name of Contributor JAMES GEORGE						Registration Number, if PAC	
Street Address 605 RACE ST #306			Employer/Occupation/Labor Organization* PARALEGAL			Form (Cash, Check, etc.) CHECK	
City CINCINNATI		State OH	Zip Code 45202	M 0	D 7	Y 1211	Amount \$50.00
Full Name of Contributor TERI CONISON						Registration Number, if PAC	
Street Address 4768 ELLERY DRIVE			Employer/Occupation/Labor Organization* HOMEMAKER			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43227	M 0	D 7	Y 1511	Amount \$25.00
Full Name of Contributor DENNIS ROBERGE						Registration Number, if PAC	
Street Address 372 CUMBERLAND DRIVE			Employer/Occupation/Labor Organization* RETIRED			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43213	M 1	D 0	Y 0111	Amount \$50.00
Full Name of Contributor KIM MAGGARD						Registration Number, if PAC	
Street Address 600 LINK RD.			Employer/Occupation/Labor Organization* WHITEHALL CITY AUDITOR			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43213	M 1	D 0	Y 0111	Amount \$125.00
Full Name of Contributor FRATERNAL ORDER OF POLICE LODGE #9						Registration Number, if PAC	
Street Address 6800 SCHROCK HILL CT.			Employer/Occupation/Labor Organization* ORGANIZATION			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH	Zip Code 43229	M 1	D 0	Y 1111	Amount \$100.00
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
		OH					
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
		OH					

* 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 **\$450.00**