31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Citizens for Michael Schnetzer								
Full Name of Contributor							Registration Number, if PAC	
Lew Griffin								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
2737 Colts Neck Rd.	Lew Griffin Insurance LLC							Check
City	State	Zip Code	M		D		Y	Amount
Blacklick	OH	43004	0	9	2	4	1 3	$100.00
Full Name of Contributor							Registration Number, if PAC	
Karen Angelou								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
1081 Cannondale Ct.	Retired Teacher							Check
City	State	Zip Code	M		D		Y	Amount
Gahanna	OH	43230	0	9	2	9	1 3	$50.00
Full Name of Contributor							Registration Number, if PAC	
Citizens for Anne Gonzales								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
865 Macon Alley	Candidate Campaign Committee							Check
City	State	Zip Code	M		D		Y	Amount
Columbus	OH	43206	0	9	2	2	1 3	$750.00
Full Name of Contributor							Registration Number, if PAC	
Steve Anderson								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
461 Colony Place	Anderson Tax & Consulting LLC							Electronic Online
City	State	Zip Code	M		D		Y	Amount
Gahanna	OH	43230	0	9	2	9	1 3	$75.00
Full Name of Contributor							Registration Number, if PAC	
Elizabeth Smith								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
1045 Eastchester Dr.	Vorys Sater Seymour & Pease							Electronic Online
City	State	Zip Code	M		D		Y	Amount
Gahanna	OH	43230	1	0	0	4	1 3	$200.00
Full Name of Contributor							Registration Number, if PAC	
Amanda Blust								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
917 Hartney Dr.	Attorney							Electronic Online
City	State	Zip Code	M		D		Y	Amount
Gahanna	OH	43230	1	0	1	5	1 3	$15.00
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 $1,190.00