Page 1	
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

No. of Committee Coll	<u> </u>						
Name of Committee in Full							
Citizens for Shane Ewald			Inc. to a	dan Ni	done to na	C	
Full Name of Contributor			Registration Number, if PAC				
Citizens for Kevin Bacon	la			_		Form (Cush, Charle and	
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.) Check	
260 N Cassady Ave.	Stt-	Zin Code	M		Y	Amount	
^{City} Columbus	State O H	Zip Code 43209	1 1 1	$\begin{vmatrix} D \\ 0 \end{vmatrix} 2$	1	Amount 150.00	
Full Name of Contributor	10111	1 40207			iber, if PA		
ran rame of Commune			Regimin			· •	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			"	<u> </u>			
Full Name of Contributor Registration Number, if PAC					С		
Street Address	Employer/Occi	ipation/Labor Organization*	L.			Form (Cash, Check, etc.)	
				,_	,		
City	State	Zip Code	M	D	Y	Amount	
<u> </u>							
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	I		Registra	tion Nun	nber, if PA	AC .	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash. Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
 /							
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
O.L.	Stat-	Zin Code	М	D	Y	Amount	
City	State	Zip Code			1 1		
Full Name of Contributor Registration Number, if PAC					AC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	TY	Amount	
Full Name of Contributor Registration Number, if P				NC			
						In call or 1 1 1	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
transited for posterbudges from individuals over \$1(V) to statewid		validates. If contributor is salf a	moloved the	occupatio	on and the	name of the	

* 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)]

Page Total \$	150.00