

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Bridges for Ohio							
Full Name of Contributor STEVE ANNABERY						Registration Number, if PAC	
Street Address 2725 CHRISTINE BLVD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) MONEY ORDER	
City COLUMBUS	State OH	Zip Code 43231	M 06	D 06	Y 11	Amount 850.00	
Full Name of Contributor JOHN STEWART						Registration Number, if PAC	
Street Address 855 BRYN MAWR DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GAHANNA	State OH	Zip Code 43230	M 07	D 25	Y 11	Amount 200.00	
Full Name of Contributor DAVE HOWELL						Registration Number, if PAC	
Street Address 1305 ISLAND BAY DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAY PAL	
City COLUMBUS	State OH	Zip Code 43235	M 08	D 04	Y 11	Amount 50.00	
Full Name of Contributor WAYNE REUT						Registration Number, if PAC	
Street Address 4 BLOOMFIELD HILLS DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAY PAL	
City HENDERSON	State NV	Zip Code 89052	M 08	D 24	Y 11	Amount 25.00	
Full Name of Contributor KEVIN KADLUR						Registration Number, if PAC	
Street Address 6248 HOME RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAY PAL	
City DELAWARE	State OH	Zip Code 43015	M 08	D 25	Y 11	Amount 25.00	
Full Name of Contributor JOHN STEWART						Registration Number, if PAC	
Street Address 855 BRYN MAWR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GAHANNA	State OH	Zip Code 43230	M 08	D 23	Y 11	Amount 500.00	
Full Name of Contributor DAVE MACKO						Registration Number, if PAC	
Street Address 24610 CANNON			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLON	State OH	Zip Code 44139	M 09	D 10	Y 11	Amount 50.00	
Full Name of Contributor BYRON COLLIER						Registration Number, if PAC	
Street Address 560 CODY PASS			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAY PAL	
City CINCINNATI	State OH	Zip Code 45215-0501	M 09	D 12	Y 11	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 \$ **1150.**