31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Gawronski							
Full Name of Contributor						**Registration Number, if PAC**	
Patrica A Buehrer							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2377 Fountain CIR							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Lambertville	MI	48144	10	18	13		30.00
Full Name of Contributor						**Registration Number, if PAC**	
Gina Eldredge							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2210 Woodland Hall DR							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Powell	OH	43065	10	18	14		25.00
Full Name of Contributor						**Registration Number, if PAC**	
James King							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7563 Coventry Woods DR							Cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Dublin	OH	43017	10	18	13		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Todd E Skruck							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7694 Worsley PL							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Dublin	OH	43017	10	18	13		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Ken J Heigel							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5795 Rushwood DR							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Dublin	OH	43017	10	18	13		40.00
Full Name of Contributor						**Registration Number, if PAC**	
Susan E Odoguardi							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7700 Earlston CT							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Dublin	OH	43017	10	18	13		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Karen D McCaffrey							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7655 Brandonway DR							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Dublin	OH	43017	10	18	13		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Amanda Skinner							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7784 Kate Brown DR							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Dublin	OH	43017	10	18	13		25.00

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 295.00