

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Davidson For Kids						
Full Name of Contributor Robert Woodruff					Registration Number, if PAC	
Street Address 671 Kienle Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	M 1	D 0	Y 2 5 1 3	Amount \$25.00
Full Name of Contributor James Seitz					Registration Number, if PAC	
Street Address 764 Old Coach Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) EFT	
City Westerville	State OH	Zip Code 43081	M 1	D 0	Y 2 8 1 3	Amount \$25.00
Full Name of Contributor Christopher Wanner					Registration Number, if PAC	
Street Address 1220 Churchbell Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) EFT	
City Columbus	State OH	Zip Code 43235	M 1	D 0	Y 2 8 1 3	Amount \$100.00
Full Name of Contributor Cindy Crowe					Registration Number, if PAC	
Street Address 8545 Button Bush Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) EFT	
City Westerville	State OH	Zip Code 43082	M 1	D 0	Y 2 8 1 3	Amount \$300.00
Full Name of Contributor Elizabeth Krile					Registration Number, if PAC	
Street Address 5163 Saint Andrews Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43082	M 1	D 1	Y 1 5 1 3	Amount \$100.00
Full Name of Contributor OAPSE AFSCME Tumaround Ohio PAC LA 129					Registration Number, if PAC LA129	
Street Address 6805 Oak Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	M 1	D 1	Y 2 0 1 3	Amount \$250.00
Full Name of Contributor OAPSE AFSCME Tumaround Ohio					Registration Number, if PAC LA129	
Street Address 6805 Oak Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	M 1	D 1	Y 2 0 1 3	Amount \$250.00
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

* 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 **\$1050.00**