

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|---|--|--------------------|--|---|--|---------------|-----------------------------|--|--|
| Name of Committee in Full Citizens for Doug Jackson | | | | | | | | | |
| Full Name of Contributor Gerald Edwards | | | | | | | Registration Number, if PAC | | |
| Street Address 1680 Andover Rd | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | |
| City Upper Arlington | | State OH | | Zip Code 43212 | | M 0 | | D 5 | |
| | | | | | | Y 0 | | Amount \$75.00 | |
| Full Name of Contributor Greg Bachman | | | | | | | Registration Number, if PAC | | |
| Street Address 2367 Burnham Road | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | |
| City Akron | | State OH | | Zip Code 44313 | | M 0 | | D 4 | |
| | | | | | | Y 2 | | Amount \$100.00 | |
| Full Name of Contributor Committee to Elect Donald Schonhardt | | | | | | | Registration Number, if PAC | | |
| Street Address 5307 Franklin St | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | | Zip Code 43026 | | M 0 | | D 5 | |
| | | | | | | Y 0 | | Amount \$1,000.00 | |
| 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 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | |
| City | | State | | Zip Code | | M | | D | |
| | | | | | | Y | | Amount | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) Check | |
| City | | State | | Zip Code | | M | | D | |
| | | | | | | Y | | Amount | |
| 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 | | | | | | | Registration Number, if PAC | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | | State | | 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 **\$1,175.00**