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Statement of Contributions Received

Prescribed by Secretary of State 3/05

No. 10 Company of the H									
Name of Committee in Full									
Citizens for Shane Ewald				In the		1004	2		
Full Name of Contributor				Registra	ition Numl	ber, if PA	C		
Anthony Chapman	La .						In		
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
231 Cherrystone Drive North			T	r	T		Check		
City	S	tate	Zip Code	M,	D	Y	Amount		
Gahanna	0	<u> H</u>	43230	0 9		1 1	100.00		
Full Name of Contributor				Registra	uion Numl	ber, if PA	С		
William Dilts									
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
548 Bonnington Way							Check		
City	S	tate	Zip Code	М	D	Y	Amount		
Gahanna	0	H_	43230	[0]9	1 6	1 1	30.00		
Full Name of Contributor				Registra	ation Num	ber, if PA	С		
Gregory Jackson									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
669 Founders Ridge Drive							Credit Card		
City	S	tate	Zip Code	М	D	Y	Amount		
Gahanna		H	43230	019	1 8	1 1	100.00		
Full Name of Contributor	Ŭ	·	10.100		tion Num	ber, if PA			
James Watkins									
Street Address	Employ	ет/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)		
7854 Astra Circle	Single) Croccipanion and a gamman						Check		
City	S	tate	Zip Code	Тм	D	Y	Amount		
Reynoldsburg	O	H	43068	0 9	1 .	111	75.00		
Full Name of Contributor		11	43000						
Full Name of Contributor Contributions from form No. 31-E									
Street Address	Employ	av/Occupy	ation/Labor Organization*				Form (Cash, Check, etc.)		
Sirect Audiess	ismpiciy	си Оссира	ation/1200/ Organization				Torin (Casil, Check, etc.)		
City		tate	Zip Code	T M	D	Y	Amount		
Cuy	3	I	Zip Code	$0 \mid 9$	1 .	111			
Full Name of Contributor		<u> </u>	<u> </u>		2 2 ation Num		575.00		
				Registra	ttion ivani	uci, ii ra	C		
Scott McComb	In (d de Orientiale.				Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*								
230 Barnhill Court			<u>la: 0.1</u>	I 1.	1 5	1 17	Check		
City	_	iate I T T	Zip Code	M	D	Y	Amount		
Gahanna	O	H	43230	0 9			250.00		
Full Name of Contributor				Registra	ation Num	ber, if PA	С		
David Kennedy									
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
188 East First Avenue							Credit Card		
City	S	tate	Zip Code	M	D	Y	Amount		
Columbus		H	43201	09		1 1	400.00		
Full Name of Contributor Registration Number, if PAC									
Jon Saia									
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
713 South Front Street							Check		
City	S	tate	Zip Code	М	D	Y	Amount		
Columbus	0	H	43206	0 9	2 7	1 1	100.00		

Page Total \$ 1,630.00

^{*} 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)]