

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR BERYL D. ANDERSON													
Full Name of Contributor SHANDRA K. WEST						Registration Number, if PAC							
Street Address 3942 BLUE HEATHER CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City FLORISSANT		State MO		Zip Code 63034		M 0		D 4		Y 0515		Amount \$100.00	
Full Name of Contributor JUNE WEST						Registration Number, if PAC							
Street Address 119 W. SECOND STREET., APT 410			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City XENIA		State OH		Zip Code 45385		M 0		D 4		Y 0515		Amount \$100.00	
Full Name of Contributor CAROL BISUTTI						Registration Number, if PAC							
Street Address 1018 VENETIAN WAY			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City GAHANNA		State OH		Zip Code 43230		M 0		D 3		Y 2615		Amount \$100.00	
Full Name of Contributor TONI C SMITH-ALSTON						Registration Number, if PAC							
Street Address 6740 TEMPERANCE POINT STREET			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City WESTERVILLE		State OH		Zip Code 43082		M 0		D 3		Y 2815		Amount \$100.00	
Full Name of Contributor ZELLA WILLIS						Registration Number, if PAC							
Street Address 280 DEER MEADOW DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City GAHANNA		State OH		Zip Code 43230		M 0		D 3		Y 2715		Amount \$100.00	
Full Name of Contributor MARCIA L. CONLEY						Registration Number, if PAC							
Street Address 3443 PINE WAY			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City POWELL		State OH		Zip Code 43065		M 0		D 4		Y 0115		Amount \$100.00	
Full Name of Contributor JUDITH D. FOWLKES						Registration Number, if PAC							
Street Address 1020 ARCARO DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City GAHANNA		State OH		Zip Code 43230		M 0		D 3		Y 2915		Amount \$100.00	
Full Name of Contributor DR. JANET E. GISSENDANER						Registration Number, if PAC							
Street Address 520 WHITSON DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City GAHANNA		State OH		Zip Code 43230		M 0		D 2		Y 2815		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 **\$750.00**