

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF JEFF CARSON							
Full Name of Contributor JOE GOTTRON						Registration Number, if PAC	
Street Address 874 AYLESBURY DR		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK# 1346	
City GAHANNA	State OH	Zip Code 43230	M 10	D 13	Y 09	Amount 50.00	
Full Name of Contributor FRIENDS FOR ANDREW GINTHER						Registration Number, if PAC	
Street Address 405 EAST TOWN ST		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK# 1681	
City COLUMBUS	State OH	Zip Code 43215	M 10	D 15	Y 09	Amount 500.00	
Full Name of Contributor TODD EMOFF						Registration Number, if PAC	
Street Address 4349 EASTON WAY		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK# 1594	
City COLUMBUS	State OH	Zip Code 43219	M 10	D 15	Y 09	Amount 100.00	
Full Name of Contributor WENDY MCKENNA						Registration Number, if PAC	
Street Address 202 ACADEMY COURT		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK#	
City GAHANNA	State OH	Zip Code 43230	M 10	D 15	Y 09	Amount 25.00	
Full Name of Contributor KANE WAGNER						Registration Number, if PAC	
Street Address 109 B SHEPARD ST		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK# 1001	
City GAHANNA	State OH	Zip Code 43230	M 10	D 19	Y 09	Amount 100.00	
Full Name of Contributor JUSTIN ATHEY						Registration Number, if PAC	
Street Address 257 SPRUCE HILL DR JUSTIN ATHEY		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK# 1212	
City GAHANNA	State OH	Zip Code 43230	M 10	D 19	Y 09	Amount 50.00	
Full Name of Contributor JEFFREY CARSON						Registration Number, if PAC	
Street Address 7481 MORSE RD.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) LOAN	
City NEW ALBANY	State OH	Zip Code 43054	M 09	D 28	Y 09	Amount \$ 500.00	
Full Name of Contributor JEFFREY CARSON						Registration Number, if PAC	
Street Address 7481 MORSE RD.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) LOAN	
City NEW ALBANY	State OH	Zip Code 43054	M 06	D 30	Y 09	Amount 1,025.00	

* 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 \$ 0.00