

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Mary Gottesman for City Council							
Full Name of Contributor Mary Margaret Gottesman						Registration Number, if PAC	
Street Address 893 Francis Avenue		Employer/Occupation/Labor Organization* retired				Form (Cash, Check, etc.) check	
City Bexley	State O H	Zip Code 43209	M 0 9	D 0 2	Y 1 5	Amount 300.00	
Full Name of Contributor Tovah Gottesman						Registration Number, if PAC	
Street Address 251 West 97th St., Apt. 3E		Employer/Occupation/Labor Organization* City of New York, Special Assistant				Form (Cash, Check, etc.) check	
City New York	State N Y	Zip Code 10025	M 0 9	D 1 5	Y 1 5	Amount 60.00	
Full Name of Contributor Larry Christopherson						Registration Number, if PAC	
Street Address 885 Francis Avenue		Employer/Occupation/Labor Organization* retired				Form (Cash, Check, etc.) check	
City Bexley	State O H	Zip Code 43209	M 0 9	D 0 9	Y 1 5	Amount 25.00	
Full Name of Contributor Thomas P Coady						Registration Number, if PAC	
Street Address 859 Francis Avenue		Employer/Occupation/Labor Organization* retired				Form (Cash, Check, etc.) check	
City Bexley	State O H	Zip Code 43209	M 0 9	D 2 5	Y 1 5	Amount 100.00	
Full Name of Contributor Eloise Buker						Registration Number, if PAC	
Street Address 720 Grandon St		Employer/Occupation/Labor Organization* retired				Form (Cash, Check, etc.) check	
City Bexley	State O H	Zip Code 43209	M 0 9	D 1 5	Y 1 5	Amount 100.00	
Full Name of Contributor Charles Cantor						Registration Number, if PAC	
Street Address 785 Hawk's Crest Lane		Employer/Occupation/Labor Organization* retired				Form (Cash, Check, etc.) cash	
City Blacklick	State O H	Zip Code 43004	M 1 1	D 1 9	Y 1 5	Amount 20.00	
Full Name of Contributor Thomas James						Registration Number, if PAC	
Street Address 865 Francis Avenue		Employer/Occupation/Labor Organization* retired				Form (Cash, Check, etc.) check	
City Bexley	State O H	Zip Code 43209	M 1 1	D 1 9	Y 1 5	Amount 25.00	
Full Name of Contributor Larry Christopherson						Registration Number, if PAC	
Street Address 885 Francis Avenue		Employer/Occupation/Labor Organization* retired				Form (Cash, Check, etc.) cash	
City Bexley	State O H	Zip Code 43209	M 1 1	D 1 9	Y 1 5	Amount 20.00	

* 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)]