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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
	For Honorty Into	rnitr						
Bryan Shoemaker Committee	ror monesty, integ	Zirrh	Dariette	tion Num	her if D^	C		
Full Name of Contributor	Registra	Registration Number, if PAC						
Bryan Shoemaker	T		*			Form (Cash, Ch	ack etc)	
Street Address	Employer/Occ	upation/Labor Organization	n.				eck, etc.)	
5522 Shagbark Place				1 -	1 ,,	Cash		
City	State	Zip Code	M	D	Y	Amount	200.00	
Groveport		43125	1 0	The second second second	0 9		200.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Paige Pickett						<b>,</b>		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
471 Main St				~···		Check		
City	State	Zip Code	M	D	Y	Amount		
Groveport	O F	l   43125	1 1	0 3	0 9		100.00	
Full Name of Contributor			Registra	tion Nun	iber, if PA	'C		
Bryan Shoemaker								
Street Address	Employer/Occ	upation/Labor Organizatio	n*			Form (Cash, Cl	neck, etc.)	
5522 Shagbark Place						Cash		
City	State	Zip Code	М	D	Y	Amount		
Groveport	OL	43125	1 0	0 8	0 9		600.00	
Full Name of Contributor					nber, if PA	\C		
Street Address	Employer/Occ	cupation/Labor Organization	on*			Form (Cash, Cl	neck, etc.)	
		-						
City	State	Zip Code	М	D	Y	Amount		
W =,								
Full Name of Contributor			Registra	ation Nun	nber, if P	ÅC		
i an range of Controller								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization* Form				Form (Cash, C	heck, etc.)	
Burot radios						Cash	•	
City	State	Zip Code	M	D	Y	Amount		
City	June	1-4	***					
Full Name of Contributor		1	Registr	ation Nur	nber, if P	AC		
Fun Maine of Contholion			1081311			-		
Ct., A Address	Employer/Oo	cupation/Labor Organization	on*			Form (Cash, C	heck, etc.)	
Street Address	Employer/Oc	oupation Daoor Organizatio				( ) ( ) ( )		
	State	Zip Code	М	D	Y	Amount		
City	State	Zip Code	17/1			2 XXIIO GIILL		
			Pagistr	ation Nu	mber, if P	A.C.		
Full Name of Contributor			1/081211	auon mu	, II I			
	In t. o		on*			Form (Cash, C	heck etc.)	
Street Address	tet Address Employer/Occupation/Labor Organization*					TOTHI (CASH, C	, o.o.,	
		7:. 0-3	1 1/4		1 37	Amount		
City	State	Zip Code	М	D	Y	Amount		
				ĻĻ	1	1		
Full Name of Contributor			Registr	ration Nu	mber, if P	AC		
				***************************************				
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
				y				
City	State	Zip Code	М	D	Y	Amount		
		1' 1 . YC . '1 '	a colf amountained th		. di	he nome of the		

Page	Total	\$ 900.00

<sup>\*</sup> 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)]