

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Davidson For Kids							
Full Name of Contributor Marlis Byrns						Registration Number, if PAC	
Street Address 5939 Torrey Pines Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State OH	Zip Code 43082	M 0	D 7	Y 1413	Amount \$100.00
Full Name of Contributor Shelbi Hoffman						Registration Number, if PAC	
Street Address 4325 Summit Forest Dr NE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) EFT	
City Rockford		State MI	Zip Code 49341	M 0	D 5	Y 2913	Amount \$1.00
Full Name of Contributor Mollie Lynch						Registration Number, if PAC	
Street Address 722 Winmar Pl W			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) EFT	
City Westerville		State OH	Zip Code 43081	M 0	D 8	Y 0813	Amount \$50.00
Full Name of Contributor Nancy McFarland						Registration Number, if PAC	
Street Address 59 College Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State OH	Zip Code 43081	M 0	D 8	Y 1113	Amount \$5000.00
Full Name of Contributor Kristan Robertson						Registration Number, if PAC	
Street Address 5559 Genoa Farms Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) EFT	
City Westerville		State OH	Zip Code 43082	M 0	D 8	Y 2013	Amount \$25.00
Full Name of Contributor Matthew Kellar						Registration Number, if PAC	
Street Address 30 E Walnut Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville		State OH	Zip Code 43081	M 0	D 9	Y 0413	Amount \$200.00
Full Name of Contributor Jerome Rampelt						Registration Number, if PAC	
Street Address 3875 Olentangy Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214	M 0	D 9	Y 0313	Amount \$25.00
Full Name of Contributor Ann Dome						Registration Number, if PAC	
Street Address 5524 Rushden Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna		State OH	Zip Code 43230	M 0	D 8	Y 2913	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 **\$5451.00**