31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full														
CITIZENS FOR HENNEBERT														
Full Name of Contributor												Registration Number, if PAC		
LEE SMITH														
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)		
929 HARRISON AVE												CHECK		
City	State	Zip Code	M		D		Y					Amount		
COLUMBUS	O | H	43215		9	2	0	1	3				100.00		
Full Name of Contributor												Registration Number, if PAC		
CARL REARDON														
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)		
1869 ELMORE												CHECK		
City	State	Zip Code	M		D		Y					Amount		
COLUMBUS	O | H	43224		9	1	7	1	3				50.00		
Full Name of Contributor												Registration Number, if PAC		
NICHOLAS WAHOFF														
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)		
3876 LAKEDALE DR												CHECK		
City	State	Zip Code	M		D		Y					Amount		
HILLIARD	O | H	43026		9	1	7	1	3				50.00		
Full Name of Contributor												Registration Number, if PAC		
PAUL KOORS														
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)		
1140 NORTHWOOD												CHECK		
City	State	Zip Code	M		D		Y					Amount		
NEW ALBANY	O | H	43054		9	1	8	1	3				200.00		
Full Name of Contributor												Registration Number, if PAC		
DANEIL GIERHART														
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)		
11431 FANCHER												CHECK		
City	State	Zip Code	M		D		Y					Amount		
JOHNSTOWN	O | H	43031		9	1	7	1	3				50.00		
Full Name of Contributor												Registration Number, if PAC		
EDWARD HAUENSTEIN														
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)		
2926 MOUND ST												CHECK		
City	State	Zip Code	M		D		Y					Amount		
COLUMBUS	O | H	43209		9	1	1	1	3				100.00		
Full Name of Contributor												Registration Number, if PAC		
WILLIAM STAHL														
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)		
13419 MORSE RD												CHECK		
City	State	Zip Code	M		D		Y					Amount		
PATASKALA	O | H	43062		9	1	7	1	3				50.00		
Full Name of Contributor												Registration Number, if PAC		
DANIEL TIERNEY														
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)		
3083 DOWNHILL DR												CHECK		
City	State	Zip Code	M		D		Y					Amount		
COLUMBUS	O | H	43221		9	1	7	1	3				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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 650.00