

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Mary Gottesman for City Council							
Full Name of Contributor Larry Christopherson						Registration Number, if PAC	
Street Address 885 Francis Ave.		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Cash	
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 0	Amount \$45.00	
Full Name of Contributor Tom Coady						Registration Number, if PAC	
Street Address 859 Francis Ave		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor Tom James						Registration Number, if PAC	
Street Address 865 Francis Ave		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount \$25.00	
Full Name of Contributor Chuck Cantor						Registration Number, if PAC	
Street Address 785 Hawk's Crest Ln.		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Cash	
City Blacklick	State OH	Zip Code 43004	M 1	D 0	Y 0	Amount \$20.00	
Full Name of Contributor Eloise Buker						Registration Number, if PAC	
Street Address 720 Grandon Ave.		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M	D	Y	Amount \$100.00	
Full Name of Contributor Tovah Gottesman						Registration Number, if PAC	
Street Address 893 Francis Ave.		Employer/Occupation/Labor Organization* Management				Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M	D	Y	Amount \$100.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	

* 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)]