

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR BERYL D. ANDERSON						
Full Name of Contributor ED TONEY				Registration Number, if PAC		
Street Address 626 HARROW COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City GAHANNA	State OH	Zip Code 43230	M 0	D 4	Y 1 2 1 5	Amount \$100.00
Full Name of Contributor SUSAN BYTHEWOOD RUSSELL				Registration Number, if PAC		
Street Address 7788 WORLEY DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City BLACKLICK	State OH	Zip Code 43004	M 0	D 4	Y 1 2 1 5	Amount \$55.00
Full Name of Contributor HOMER GAINES				Registration Number, if PAC		
Street Address 8403 STEAMWOOD AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City CANAL WINCHESTER	State OH	Zip Code 43110	M 0	D 4	Y 1 2 1 5	Amount \$50.00
Full Name of Contributor ELLEN GAINES				Registration Number, if PAC		
Street Address 8403 STEAMWOOD AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City CANAL WINCHESTER	State OH	Zip Code 43110	M 0	D 4	Y 1 2 1 5	Amount \$20.00
Full Name of Contributor DERRION HARRIS				Registration Number, if PAC		
Street Address 554 WICKHAM WAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH	
City GAHANNA	State OH	Zip Code 43230	M 0	D 4	Y 1 2 1 5	Amount \$20.00
Full Name of Contributor CHRISTINE SOWELL				Registration Number, if PAC		
Street Address 4702 Collingville Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43230	M 0	D 4	Y 0 9 1 5	Amount \$40.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
	OH					
Full Name of Contributor MR. P.R. WEST SR.				Registration Number, if PAC		
Street Address 3164 CANNOCK LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GAHANNA	State OH	Zip Code 43230	M 0	D 4	Y 0 9 1 5	Amount \$30.00

* 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 **\$315.00**