Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		· ''								
CITIZENS FOR HENNEBERT							1.			
Full Name of Contributor					Registration Number, if PAC					
MARC DUBIS							<u> </u>			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C			
7690 MORSE ROAD							CHEC	<u>K</u>		
City	State	Zip Code	М	- 1	D _.		Amount			
NEW ALBANY	_ O H	43054		9	$1 \mid 9 \mid$	1 3		150.00		
Full Name of Contributor		/=	Regi	str ati	on Numl	ber, if PA	'C			
W KEVIN WARDELL										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C	heck, etc.)		
10299 JOHNSTOWN RD	1						CHEC	K		
City	State	Zip Code	М		D	Ÿ	Amount			
NEW ALBANY	O H	43054		9	1 9	1 3		50.00		
Full Name of Contributor					Registration Number, if PAC					
COMMITTEE FOR WADE STEE	N									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C	heck, etc.)		
2500 SHERWIN							CHECK			
City	State	Zip Code	M	T	D	Y	Amount			
UPPER ARLINGTON	O H	43221		9	9	13		100.00		
Full Name of Contributor			Regi	istr ati		ber, if PA	AC			
IONATHAN MELCHI										
Street Address	Employer/Occup	oation/Labor Organization*					Form (Cash, C	heck, etc.)		
5602 FRAWLEY DR							CHEC	ĸ .		
City	State	Zip Code	M	П	D	Y	Amount			
DUBLIN	OIH	43016		9	17	1 3	1	125.00		
Full Name of Contributor		1 10010	Reg	_		ber, if PA	\C	120.00		
RICHARD NEAL			"			,				
Street Address	Employer/Occur	pation/Labor Organization*					Form (Cash, C	heck etc.)		
390 S FIFTH							CHEC			
City	State	Zip Code	М		D	Y	Amount			
COLUMBUS	ОТН	43215		9		1 3		50.00		
Full Name of Contributor	10 11	10210	Red			ber, if PA	AC.	30.00		
VERNON WALKER			1.00							
Street Address	Employer/Occus	oation/Labor Organization*					Form (Cash, C	Therk etc.)		
4464 JOHNSTOWN RD	Employ by social and Labor Of garne and						CHECK			
City	State	Zip Code	М		Ď	Y	Amount			
GAHANNA	OH	43230	"	9	2 3		i iniounii	100.00		
Full Name of Contributor	10111	1 43230	Reg			ber, if Pa	<u> </u>	100.00		
CITIZENS FOR KIM MONTGO	MEDV		1		101(11 am	.001, 11 1				
Street Address		national abor Organization*			_		Form (Cash, C	Thank atc.)		
865 MACON ALLEY	Employer/Occupation/Labor Organization*						CHEC			
Otty	State	Zip Code	М		D	Y	Amount			
COLUMBUS	O H	43215		۸	1/3		1	250.00		
Full Name of Contributor		43213				ber, if Pa		250.00		
B .			Leg	, is it di	.vit Num	ioei, ii Pi	n			
MICHAEL R MORAN Street Address	E	nation/Labor Organization*					Form (Cub (Thack seal		
	Employer/Occu	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) CI-IECK			
181 GRANVILLE ST	Chain	Zip Code	М		D	Ý		.IN		
CALLANINIA	State O H						Amount	EU 00		
GAHANNA	O H	43230	1	Ų.	019	1 3	<u> </u>	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 \$ 875.00