

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR HENNEBERT							
Full Name of Contributor MARC DUBIS					Registration Number, if PAC		
Street Address 7690 MORSE ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State O H	Zip Code 43054	M 9	D 1	Y 9	Amount 150.00	
Full Name of Contributor W KEVIN WARDELL					Registration Number, if PAC		
Street Address 10299 JOHNSTOWN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State O H	Zip Code 43054	M 9	D 1	Y 9	Amount 50.00	
Full Name of Contributor COMMITTEE FOR WADE STEEN					Registration Number, if PAC		
Street Address 2500 SHERWIN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 9	D 9	Y 13	Amount 100.00	
Full Name of Contributor JONATHAN MELCHI					Registration Number, if PAC		
Street Address 5602 FRAWLEY DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 9	D 7	Y 13	Amount 125.00	
Full Name of Contributor RICHARD NEAL					Registration Number, if PAC		
Street Address 390 S FIFTH		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 9	D 9	Y 13	Amount 50.00	
Full Name of Contributor VERNON WALKER					Registration Number, if PAC		
Street Address 4464 JOHNSTOWN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State O H	Zip Code 43230	M 9	D 2	Y 13	Amount 100.00	
Full Name of Contributor CITIZENS FOR KIM MONTGOMERY					Registration Number, if PAC		
Street Address 865 MACON ALLEY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 1	D 0	Y 13	Amount 250.00	
Full Name of Contributor MICHAEL R MORAN					Registration Number, if PAC		
Street Address 181 GRANVILLE ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State O H	Zip Code 43230	M 1	D 0	Y 09	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 875.00