31-A R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$		•	· · · · · · · · · · · · · · · · · · ·						
Pail Name of Carathuter Galen Robinson Street Address 1079 Oxfordshire Drive State 72p Code M D V Amount 40.00	Name of Committee in Full	, ,							
Size		land				104-			
Storet Address					Registration Number, if PAC				
1079 Oxfordshire Drive									
State Zip Code M D Y Amount 40.00	Street Address	Employer/Occupa							
Columbus O	1079 Oxfordshire Drive						Cash		
Full Name of Contributor Registration Number, if PAC Columbus Public Health / Director Torns (Cash. Check. etc.) Cash Columbus Public Health / Director Torns (Cash. Check. etc.) Cash Columbus Public Health / Director Torns (Cash. Check. etc.) Cash Columbus Public Health / Director Cash Columbus Public Health / Director Cash Columbus O H 43232 0 9 2 2 1 1 1 100.00 Registration Number, if PAC Registration Number, if PAC Cash C	City	State	Zip Code	M	D	Y	Amount		
Ryan Johnson	Columbus	O H	43228	0 9	2 2	$1 \mid 1$		40.00	
Employer/Occupation/Luber Organization*	Full Name of Contributor	<u> </u>		Registrati	ion Numb	er, if PA	C		
Employer/Occupation/Luber Organization*	Ryan Johnson			1					
State		Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash. Che	ck, etc.)	
State	2651 Lindora Place	Columbi	Columbus Public Health /				Cash		
Full Name of Contributor Registration Number, if PAC	City					Y	_		
Form (Cash. Check, etc.) Form (Cash. Check, etc.)	Columbus	$O \mid H$	43232	019	2 2	1 1		100.00	
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Sate Zip Code M D Y Amount A			1017 2 2 1						
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Sate Zip Code M D Y Amount A	Kedada Bethel								
State Zip Code		Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
State Zip Code M D Y Amount 40.00							1		
Columbus				M	D]	Υ			
Full Name of Centributor Kenneth Strong Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			,	1 . 1	1	1 1		40.00	
Street Address			43213_			⊥ III nerif PA	C	10.00	
Employer/Occupation/Labor Organization*		Registration Nutroet, if PAC							
A 196 Riverside Drive		Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash Che	ck etc.)	
State		1	, · · · · · · · · · · · · · · · · · · ·						
Columbus						v			
Full Name of Contributor Gail Thomas	l ·		1 '				Amount	100.00	
Cail Thomas Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		0 11	43220			1 1		100.00	
Street Address 1406 Sherbrooke Place State Columbus Full Name of Contributor Margaret Livisay Street Address 2838 Columbus Avenue State City Bexley Form (Cash. Check. etc.) State City				Registrat	ion Numi	oer, it PA	.C		
The columbus							5 15 1 0		
State Zip Code M D Y Amount State Zip Code M D Y Amount State Zip Code Margaret Livisay Registration Number, if PAC		Employer/Occup	ation/Labor Organization ^a	•				eck, etc.)	
Columbus									
Registration Number, if PAC	1 '	الما ما		1		Y	Amount	E0.00	
Margaret Livisay Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		0 п	43209			$1 \mid 1 \mid$		50.00	
Employer/Occupation/Labor Organization* Form (Cash. Check. etc.)									
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$									
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$									
Bexley							Check		
Full Name of Contributor Jonathan McReynolds Street Address P. O. Box 282028 City Columbus Form (Cash, Check, etc.) Oakley Baptist Church/Pastor Columbus O H 43228 Full Name of Contributor Employer/Occupation/Labor Organization* O H 43228 State Zip Code M D Y Amount Columbus Full Name of Contributor Edward Efsic Street Address Street Address Street Address City State Zip Code M D Y Amount Check City State Zip Code M D Y Amount Check Check Check	g ·		1 '			Y	Amount		
Street Address Employer/Occupation/Labor Organization* Form (Cash. Check, etc.)	Bexley	O H	43209	0 9	2 9	1 1		30.00	
Street Address				Registrat	ion Num	ber, if PA	ıC .		
P. O. Box 282028 Oakley Baptist Church/Pastor Check City State Zip Code M D Y Amount Columbus O H 43228 1 0 0 3 1 1 25.00 Full Name of Contributor Edward Efsic Street Address Employer/Occupation/Labor Organization* Form (Cash. Check, etc.) 2032 Indianola Avenue City State Zip Code M D Y Amount	Jonathan McReynolds								
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Columbus O H 43228 1 0 0 3 1 1 25.00 Full Name of Contributor Edward Efsic Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 2032 Indianola Avenue Check City State Zip Code M D Y Amount	P. O. Box 282028	Oakley 1	Oakley Baptist Church/Pa				Check		
Full Name of Contributor Edward Efsic Street Address 2032 Indianola Avenue City Registration Number, if PAC Form (Cash, Check, etc.) Check M D Y Amount	City	State	Zip Code	M	Ð	Y	Amount		
Edward Efsic Street Address	Columbus	OH	43228	110	013	1 1	ŀ	25.00	
Street Address 2032 Indianola Avenue State Zip Code M D Y Amount Employer/Occupation/Labor Organization* Form (Cash. Check, etc.) Check Y Amount	Full Name of Contributor			Registra	tion Num	ber, if PA	C.		
Street Address 2032 Indianola Avenue State Zip Code M D Y Amount Employer/Occupation/Labor Organization* Form (Cash. Check, etc.) Check Y Amount	Edward Efsic			1					
2032 Indianola Avenue Check State Zip Code M D Y Amount	<u> </u>	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)	
City State Zip Code M D Y Amount	2032 Indianola Avenue						Check		
		State	Zip Code	М	D	Y			
	Columbus	0 Н		110	0 2	1 1		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 appear. [R.C. 3517.10(B)(4)]