

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 DR. MELISSA CLARKE						Registration Number, if PAC			
Street Address 10603 GLEN WILD ROAD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City SILVER SPRING		State MD	Zip Code 20901		M 0	D 4	Y 1	Y 8	Amount \$150.00
Full Name of Contributor JACQUELINE ALLEN						Registration Number, if PAC			
Street Address 3751 PRESWOULD CLOSE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City NEW ALBANY		State OH	Zip Code 43054		M 0	D 4	Y 0	Y 9	Amount \$50.00
Full Name of Contributor GARNETT JOHNSON						Registration Number, if PAC			
Street Address 5880 MIST FLOWER LN			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City WESTERVILLE		State OH	Zip Code 43082		M 0	D 4	Y 1	Y 7	Amount \$200.00
Full Name of Contributor DR. LOUISE SINDOS <i>DR. LOUISE SINDOS</i>						Registration Number, if PAC			
Street Address 305 TRIMBLE LANE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City EXTON		State PA	Zip Code 19341		M 0	D 4	Y 1	Y 8	Amount \$50.00
Full Name of Contributor MAX G. ANDERSON						Registration Number, if PAC			
Street Address 5355 STONE CROFT TRL SW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City ATLANTA		State GA	Zip Code 30331		M 0	D 4	Y 2	Y 1	Amount \$100.00
Full Name of Contributor JAMES CAMPBELL						Registration Number, if PAC			
Street Address 850 AIRES DR			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City GAHANNA		State OH	Zip Code 43230		M 0	D 4	Y 2	Y 4	Amount \$100.00
Full Name of Contributor RANDI MITCHELL						Registration Number, if PAC			
Street Address 2702 HALLECK DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City COLUMBUS		State OH	Zip Code 43209		M 0	D 4	Y 2	Y 5	Amount \$30.00
Full Name of Contributor BRENDA RIVERS						Registration Number, if PAC			
Street Address 8443 KIERNAN DRIVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City NEW ALBANY		State OH	Zip Code 43054		M 0	D 4	Y 2	Y 5	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$730.00**