

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens To Retain Hood</b>						
Full Name of Contributor <b>Transfer from Form 31-E</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$2,910.00</b>
Full Name of Contributor <b>Jeff Ditmer</b>				Registration Number, if PAC		
Street Address <b>107 W. Johnstown Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Brent Stobbs</b>				Registration Number, if PAC		
Street Address <b>25 Roga Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash</b>	
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Gary Andorka</b>				Registration Number, if PAC		
Street Address <b>1650 Lake Shore #150</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43204</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Cleve Johnson</b>				Registration Number, if PAC		
Street Address <b>496 S. High St., Ste. 400</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount

\* 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 **\$3,160.00**