Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full				
Citizens for Anne Gonzales				
Full Name of Contributor			Registration Number, if P.	AC
David Bianconi		*		Francisco Charlesto
Street Address	Employer/Occupati	on/Labor Organization*		Form (Cash, Check, etc.)
7825 Red Bank Road	G. I.	[2: 0 L		Check Amount
City	State OH	Zip Code		
Westerville	On	43082	0 5 1 3 0 9	1,000.00
Full Name of Contributor Registration Number, if PAC				
Robert Woodruff		* 1 O		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*			
671 Kienle Avenue	State	Zip Code	M D Y	check Amount
City	OH	43081	0 5 2 6 0 9	
Westerville Full Name of Contributor		43001	Registration Number, if P	
Eric Dodds				
Street Address	D 1 10 11	# * * * * * * * * * * * * * * * * * * *		Form (Cash, Check, etc.)
	Employer/Occupati	on/Labor Organization*		
186 Monroe Lane	State	Zip Code	M D Y	check Amount
	ΟĤ			
Westerville Full Name of Contributor		43081	0 5 2 0 0 9	Name and the second
Tail Name of Controller				
Albert Anderson Street Address	E	on/Labor Organization*		Form (Cash, Check, etc.)
	Employer/Occupan	On Labor Organization		check
227 Storington Road	State	Zip Code	M D Y	Amount
	ОН	43081	0 5 2 0 0 9	25.00
Westerville Full Name of Contributor	· · ·	[4300I	Registration Number, if F	
James McLeaster				
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
1188 Forest Rise Drive	Employen occupan	Dubor organization		check
City	State	Zip Code	M D Y	Amount
Westerville	OH	43081	0 5 2 6 0 9	20.00
Full Name of Contributor		1 .0001	Registration Number, if F	and the same the same to the s
Henry Yates				
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
665 E. Walnut Street		· ·		check
City	State	Zip Code	M D Y	Amount
Westerville	OH	43081	0 5 2 3 0 9	50.00
Full Name of Contributor			Registration Number, if I	PAC
Mary Jane Priest				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
155 Franklin Avenue				check
City	State	Zip Code	M D Y	Amount
Westerville	OH	43081	0 5 2 5 0 9	8
Full Name of Contributor Registration Number, if PA				PAC
Robert J. Behal				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
501 S. High Street				check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43215	0 5 2 1 0 9	250.00

^{*} 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)]