

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Doug Jackson									
Full Name of Contributor Citizens to Elect Tim Roberts							Registration Number, if PAC		
Street Address 5307 Franklin St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M 0		D 3	
						Y 0		Amount \$100.00	
Full Name of Contributor Gerald Edwards							Registration Number, if PAC		
Street Address 1680 Andover Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Upper Arlington		State OH		Zip Code 43212		M 0		D 3	
						Y 3		Amount \$25.00	
Full Name of Contributor Citizens for Stephanie Kunze							Registration Number, if PAC		
Street Address 5307 Franklin St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M 0		D 4	
						Y 0		Amount \$50.00	
Full Name of Contributor Heather Ernst							Registration Number, if PAC		
Street Address 4639 Schirtzinger Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M 0		D 4	
						Y 0		Amount \$25.00	
Full Name of Contributor Megan Goudy							Registration Number, if PAC		
Street Address 5245 Heritage Lane				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M 0		D 4	
						Y 0		Amount \$20.00	
Full Name of Contributor James Underwood							Registration Number, if PAC		
Street Address 4140 Stargrass Ct				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M 0		D 4	
						Y 1		Amount \$100.00	
Full Name of Contributor Total Contributions from form 31-E							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
						0		3	
						3		1	
						0		9	
								Amount \$275.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		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)]