

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full											
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			
COMMITTEE 4 TRUTH											
JOHN KERSHNER											
4887 WINCHESTER PIKE							Check				
COLUMBUS		OH	43232-		5	0	1	1	4	294.00	
DIENNIS ANDERSON											
3114 LAKE PARK DR							Check				
COLUMBUS		OH	43207		0	5	0	1	1	4	200.00
DUANE DAILEY											
5000 HAYES RD							Check				
GROVEPORT		OH	43125-9776		0	5	0	1	1	4	250.00
PAUL + BARB BURGER											
4921 DELLEN RD							0				
GROVEPORT		OH	43125		0	5	0	1	1	4	0
ANN RINQUETTE											
3883 NVEBIXBY RD							Check				
COLUMBUS		OH	43232		0	5	0	1	1	4	100.00
PAUL BLACKFORD											
7725 BRAUN RD							Check				
GROVEPORT		OH	43125		0	5	0	1	1	4	200.00

* 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)]