

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor RED FERN 2006							Registration Number, if PAC		
Street Address 3750 Roger Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Port Clinton		State OH		Zip Code 43452		M D Y 1 0 2 5 0 5		Amount 100	
Full Name of Contributor James W. Osborn							Registration Number, if PAC		
Street Address 642 Dark Star Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna		State OH		Zip Code 43230		M D Y 1 0 2 5 0 5		Amount 100	
Full Name of Contributor William H. Chavanne							Registration Number, if PAC		
Street Address 1209 Westwood Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M D Y 1 0 2 5 0 5		Amount 200	
Full Name of Contributor Abigail S. Wexner							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City		State OH		Zip Code		M D Y 1 0 2 5 0 5		Amount 2,000	
Full Name of Contributor Donna A. James							Registration Number, if PAC		
Street Address ONE Miranova Pl.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M D Y 1 0 2 5 0 5		Amount 1,000	
Full Name of Contributor Mental For City Council							Registration Number, if PAC		
Street Address 3886 N. High Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43214		M D Y 1 0 2 5 0 5		Amount 5,000	
Full Name of Contributor Build Pac of Central Ohio							Registration Number, if PAC		
Street Address 495 Executive Campus Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43082		M D Y 1 0 2 5 0 5		Amount 1,300	
Full Name of Contributor Brooks For Commissioner							Registration Number, if PAC		
Street Address 3886 N. High Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43214		M D Y 1 0 2 5 0 5		Amount 2,500	

* 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 _____

12,200.00