

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Eddie Pfau							
Full Name of Contributor Mallory Murphy					Registration Number, if PAC		
Street Address 146 Granville Street, Suite D		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Gahanna	State O H	Zip Code 43230	M 0 6	D 2 0	Y 1 4	Amount 1.00	
Full Name of Contributor Doug Todd					Registration Number, if PAC		
Street Address 2343 Hudson Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43211	M 0 7	D 1 9	Y 1 4	Amount 1.00	
Full Name of Contributor Stuart Wright					Registration Number, if PAC		
Street Address 162 Brevoort Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43214	M 0 7	D 1 9	Y 1 4	Amount 20.00	
Full Name of Contributor Gerry Bello					Registration Number, if PAC		
Street Address 1021 E Broad St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43205	M 0 7	D 1 9	Y 1 4	Amount 10.00	
Full Name of Contributor Connie Hammond					Registration Number, if PAC		
Street Address 166 Acton Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43214	M 0 7	D 1 9	Y 1 4	Amount 20.00	
Full Name of Contributor Diane Roller					Registration Number, if PAC		
Street Address 708 King Beach Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Howard	State O H	Zip Code 43028	M 0 7	D 1 9	Y 1 4	Amount 10.00	
Full Name of Contributor Peter M Johnson					Registration Number, if PAC		
Street Address 5682 Great Woods Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43231	M 0 7	D 1 9	Y 1 4	Amount 30.00	
Full Name of Contributor Mary Lia Reiter					Registration Number, if PAC		
Street Address 1759 Jupiter Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 7	D 1 9	Y 1 4	Amount 50.00	

* 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 appear. [R.C. 3517.10(B)(4)]