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| R. | C. | 35 | 17. | 10 |

Statement of Contributions Received

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| Page | |

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | | | | | | |
|--------------------------------|-----------------------------|---|---------|-----------|-----------------------------|-------|--------------------------|--|--|
| Central Ohio Realtors Politic | cal Action Committee | | | | | | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | | |
| 70-Page computer listing of co | ontributions received is at | tached | J - | | | | | | |
| Street Address | Employer/Occu | ipation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| for use in 2016 | | | | | | | | | |
| City | State OH | Zip Code | М | D | Y | | Amount \$129,825.72 | | |
| Full Name of Contributor | Regist | Registration Number, if PAC | | | | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| City | Stake OH | Zip Code | M | D | Y | | Amount | | |
| Full Name of Contributor | Regist | Registration Number, if PAC | | | | | | | |
| Street Address | Employer/Occu | er/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | М | D | Y | | Amount | | |
| Full Name of Contributor | | | Registr | ration Nu | mber, i | if PA | С | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | М | D | Y | | Amount | | |
| Full Name of Contributor | Registr | Registration Number, if PAC | | | | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | M | D | Y | | Amount | | |
| Full Name of Contributor | Registr | Registration Number, if PAC | | | | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | M | D | Y | | Amount | | |
| Full Name of Contributor | Registr | Registration Number, if PAC | | | | | | | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | | | | | | |
| City | State OH | Zip Code | М | D | Y | | Amount | | |
| Full Name of Contributor | | | Regist | ration Nu | mber, | if PA | c | | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization | | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | М | D | TY | | Amount | | |

Page Total \$129,825.72

^{*} 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)]