

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Elect Frank M. Lillo									
Full Name of Contributor Todd Pesavento						Registration Number, if PAC			
Street Address 2231 Canterbury Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City Columbus		State OH	Zip Code 43221		M 09	D 23	Y 09	Amount \$200-	
Full Name of Contributor John Neutzling						Registration Number, if PAC			
Street Address 2259 Canterbury Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK		
City Columbus		State OH	Zip Code 43221		M 09	D 23	Y 09	Amount \$100-	
Full Name of Contributor Derek Garbellini						Registration Number, if PAC			
Street Address 2022 Mulden			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK		
City Columbus		State OH	Zip Code 43221		M 09	D 23	Y 09	Amount \$50-	
Full Name of Contributor Jim DeRosa						Registration Number, if PAC			
Street Address 2101 Cresthill DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK		
City Columbus		State OH	Zip Code 43221		M 09	D 23	Y 09	Amount \$250-	
Full Name of Contributor Jeffrey T. Keller						Registration Number, if PAC			
Street Address 1827 W. Lane Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK		
City Columbus		State OH	Zip Code 43221		M 09	D 23	Y 09	Amount \$100-	
Full Name of Contributor Andrew C. Smith						Registration Number, if PAC			
Street Address 2375 Brixton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK		
City Columbus		State OH	Zip Code 43221		M 10	D 07	Y 09	Amount 250-	
Full Name of Contributor Nicole Spretnak						Registration Number, if PAC			
Street Address 2432 Southway Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK		
City Columbus		State OH	Zip Code 43221		M 10	D 07	Y 09	Amount 50-	
Full Name of Contributor Elaine A. Meeks						Registration Number, if PAC			
Street Address 5534 Ponderosa Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK		
City Fairfield		State OH	Zip Code 45014		M 10	D 07	Y 09	Amount 50-	

* 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)]

Page Total \$ 1050.00