

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full People for Page									
Full Name of Contributor Clyde Hadden						Registration Number, if PAC			
Street Address 8151 Mentor Avenue			Employer/Occupation/Labor Organization* CT Consultants				Form (Cash, Check, etc.) check		
City Mentor	State O H	Zip Code 44060	M 1	D 0	Y 2	Amount 250.00			
Full Name of Contributor Kevin L. Boyce Committee						Registration Number, if PAC			
Street Address 471 East Broad Street			Employer/Occupation/Labor Organization* Politician				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 250.00			
Full Name of Contributor Lonnie Miles						Registration Number, if PAC			
Street Address P.O. Box 834			Employer/Occupation/Labor Organization* Miles-McGellan				Form (Cash, Check, etc.) check		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 3	Amount 5,000.00			
Full Name of Contributor Derrick Clay						Registration Number, if PAC			
Street Address 33 North Third Street			Employer/Occupation/Labor Organization* New Visions Group				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 150.00			
Full Name of Contributor Citizens for Stinziano						Registration Number, if PAC			
Street Address 550 E. Walnut Street			Employer/Occupation/Labor Organization* Politician				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 500.00			
Full Name of Contributor Janet Bogin						Registration Number, if PAC			
Street Address 1444 Millerdale Road			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1	D 0	Y 2	Amount 25.00			
Full Name of Contributor David Anderson						Registration Number, if PAC			
Street Address 125 Ashbourne Road			Employer/Occupation/Labor Organization* Realtor				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1	D 2	Y 0	Amount 100.00			
Full Name of Contributor Peter Cass						Registration Number, if PAC			
Street Address 305 Olentangy Street			Employer/Occupation/Labor Organization* City of Columbus				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43202	M 1	D 0	Y 2	Amount 100.00			

* 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)]

Page Total \$ 6,375.00