| Page 1 |
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | | |
|---|---|---|---|-----------------------|--|--|--------------|--|
| | | | | | | | | |
| Full Name of Contributor | | | Registrat | ion Numb | er, if PA | | | |
| Carl Jackson | | | | | | | | |
| Street Address | Employer/Occupa | tion/Labor Organization* | | | 9 | Form (Cash, Cl | neck, etc.) | |
| 3301 Woodlawn Ave | | | | | | Check | | |
| City | State | Zip Code | M | D | Y | Amount | | |
| Schenectady | NY | 12304 | 0 2 | 2 6 | 0 9 | | 100.00 | |
| Full Name of Contributor | | | Registrat | ion Numb | er, if PA | Ş | | |
| LaDonna Hunter | | | | | | | | |
| Street Address | Employer/Occupa | Employer/Occupation/Labor Organization* | | | | Form (Cash, Cl | heck, etc.) | |
| 706 Columbus Ave | | | | | | Check | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| Akron | $O \mid H$ | 44306 | 0 3 | 0 9 | 0 9 | | 10.00 | |
| Full Name of Contributor | | 1 10 00 | Marie Company of the | ion Numb | | C | | |
| Triedstone Bazar Donations | | | | | | | | |
| Street Address | Employer/Occupa | ation/Labor Organization* | | | | Form (Cash, Cl | heck, etc.) | |
| | Lampio, and a comp | | | | | Cash | | |
| 858 E Third Ave | State | Zip Code | М | D | Y | Amount | | |
| | O H | 43228 | 0 3 | 2 8 | 0 9 | | 36.00 | |
| Columbus Full Name of Contributor | | Te Same how O | | tion Numl | PROPERTY OF THE PARTY OF THE PA | C | 00.00 | |
| | | | registra | | , , , , , , , , , , , , | | | |
| Marva Boswell | Employer/Occup | etion/Labor Organization* | | | | Form (Cash, C | heck etc.) | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Cash | | |
| 3670 Inverary | Ctata | Zip Code | M | D | Y | Amount | | |
| City | State O H | 43228 | | | | Š. | 20.00 | |
| Columbus | | 140220 | 0 5 | 0 3 tion Numl | | | 20.00 | |
| Full Name of Contributor | | | Registra | tion isani | oei, ii fA | C | | |
| Dorothy Alexander | | | | | | E (Cl- C | leade etc.) | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| 2187 E Walnut St | | | | 1 = | 1 | Check | | |
| City | State | Zip Code | M | D | Y | Amount | 25.00 | |
| Columbus | $IO \mid H$ | 43207 | 0 5 | destroyees the second | describer described | | 25.00 | |
| Full Name of Contributor | | | | | | | | |
| Coleman For Columbus | | | | | | | | |
| Street Address | Employer/Occup | | | | Form (Cash, Check, etc.) | | | |
| 550 E Walnut St | | | | · | - | <u>Check</u> | | |
| City | State | Zip Code | M | D | Y | Amount | 05000 | |
| Columbus | OH | 43215 | | | | | 250.00 | |
| Full Name of Contributor | | | 1 0 | tion Num | ber, if PA | .C | | |
| OAPSE AFSCME Turnaround Ohio PAC LA1269 LA 1269 | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | | |
| 6805 Oak Creek Dr | | | | | | Check | | |
| City | State | Zip Code | M | D | Y | Amount | | |
| Columbus | 0 H | 43229 | 0 6 | 2 2 | 0 9 | | 2,000.00 | |
| Full Name of Contributor | | | Registra | ition Num | ber, if PA | \С | | |
| Lloyd Martin | | | | | | | | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | | | Form (Cash, C | Check, etc.) | |
| | | | | | | Cash | | |
| City | State | Zip Code | М | D | Y | Amount | | |
| | | | 0 9 | 1 6 | 0 9 | esonate establishment establis | 30.00 | |
| | | | and and an incident | | elenerani weren | | | |

* 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)]

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| Page | Total | S | 2,471.00 |