

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Full Name of Contributor Carl Jackson						Registration Number, if PAC			
Street Address 3301 Woodlawn Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Schenectady		State N Y	Zip Code 12304		M 0 2	D 2 6	Y 0 9	Amount 100.00	
Full Name of Contributor LaDonna Hunter						Registration Number, if PAC			
Street Address 706 Columbus Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Akron		State O H	Zip Code 44306		M 0 3	D 0 9	Y 0 9	Amount 10.00	
Full Name of Contributor Triedstone Bazar Donations						Registration Number, if PAC			
Street Address 858 E Third Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State O H	Zip Code 43228		M 0 3	D 2 8	Y 0 9	Amount 36.00	
Full Name of Contributor Marva Boswell						Registration Number, if PAC			
Street Address 3670 Inverary			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State O H	Zip Code 43228		M 0 5	D 0 3	Y 0 9	Amount 20.00	
Full Name of Contributor Dorothy Alexander						Registration Number, if PAC			
Street Address 2187 E Walnut St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43207		M 0 5	D 1 8	Y 0 9	Amount 25.00	
Full Name of Contributor Coleman For Columbus						Registration Number, if PAC			
Street Address 550 E Walnut St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43215		M 	D 	Y 	Amount 250.00	
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC LA1269						Registration Number, if PAC LA 1269			
Street Address 6805 Oak Creek Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43229		M 0 6	D 2 2	Y 0 9	Amount 2,000.00	
Full Name of Contributor Lloyd Martin						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City		State 	Zip Code		M 0 9	D 1 6	Y 0 9	Amount 30.00	

* 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 \$ 2,471.00