

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Lou Trent									
Full Name of Contributor Marionne Mitchell						Registration Number, if PAC			
Street Address 1858 Guilford Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus		State OH		Zip Code 43221		M 09		D 16	
						Y 19		Amount \$100.00	
Full Name of Contributor Gloria Heydelauff						Registration Number, if PAC			
Street Address 1291 La Rochelle Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus		State OH		Zip Code 43221		M 09		D 16	
						Y 19		Amount \$100.00	
Full Name of Contributor Elliot J. Bush						Registration Number, if PAC			
Street Address 3175 Tremont Road, #303			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Upper Arlington		State OH		Zip Code 43221		M 09		D 17	
						Y 19		Amount \$10.00	
Full Name of Contributor Robert Comfort Greg Comfort						Registration Number, if PAC			
Street Address 3390 London Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus		State OH		Zip Code 43221		M 09		D 17	
						Y 19		Amount \$100.00	
Full Name of Contributor Randall Geisler						Registration Number, if PAC			
Street Address 1675 Roxbury Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pac			
City Columbus		State OH		Zip Code 43212		M 09		D 16	
						Y 18		Amount \$250.00	
Full Name of Contributor Alice Finley						Registration Number, if PAC			
Street Address 3406 Colchester Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pac			
City Columbus		State OH		Zip Code 43221		M 09		D 12	
						Y 19		Amount \$50.00	
Full Name of Contributor Mary Jane Elmer						Registration Number, if PAC			
Street Address 1412 W. Wham Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pay Pac			
City Columbus		State OH		Zip Code 43220		M 09		D 05	
						Y 19		Amount \$50.00	
Full Name of Contributor Lindsay Bennett						Registration Number, if PAC			
Street Address 230 Colonial Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Worthington		State OH		Zip Code 43085		M 09		D 17	
						Y 19		Amount \$25.00	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **685.00**