| Page | K/Secure Con- |
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | And Corles and Indian and Assessment | Server and the server server | | | |
|--|---------------------------|---------------------------|-------------|--------------------------------------|------------------------------|--------------------------|--|--|
| Name of Committee in Full | | | | | | | | |
| Full Name of Contributor MCV Co. Door Sole | | | | Registration Number, if PAC | | | | |
| Street Address 3925 Nor Birbie | Employer/Occupa | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City Columbus | State O H | Zip Code 43232 | M 04 | D 1)9 | <u>у</u> / /\ | Amount 130 | | |
| Full Name of Contributor | on Numb | er, if PA | | | | | | |
| Street Address 3246 Nor Bixba | Employer/Occupa | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City Columbus | State A | Zip Code | 04/ | D 14 | / <u>/</u>) | Amount /00 | | |
| Full Name of Contributor Susan Brok | Registration Number, if P | | | | | | | |
| Street Address 5151 Berger Pd | Employer/Occupa | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City Grove port | State | Zip Code 43/25 | м 0 Ч | D /H | 1 () | Amount / O O | | |
| Full Name of Contributor Elizabeth Ali | len | | Registratio | on Numb | er, if PA | 0 | | |
| Street Address 6938 Willow Bloom | Employer/Occupa | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| Canal Winchester | State 84 | Zip Code 43110 | м О1. | D 27 | 10 | Amount 6 | | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | | |
| Street Address 379/ Stonesthrow ('t | Employer/Occupa | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City Hilliard | State 8 14 | Zip Code 43026 | м 01 | D 20 | Y 10 | Amount 200 | | |
| | | | | | Registration Number, if PAC | | | |
| Street Address 4503 Gerling Dr | Employer/Occupa | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| Colum bus | State O 1 | Zip Code 43232 | M 01 | D 27 | 1 10 | Amount 100 | | |
| Full Name of Contributor James 6/65444 | > | | Registratio | on Numb | er, if PA | | | |
| Street Address 11449 Wood Bridge Ln | | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| Baltimore | State | Zip Code 43/05 | 01 | ^D 27 | / <u>/</u> / | Amount 200 | | |
| Full Name of Contributor Edward Didir |) % | | Registratio | on Numb | er, if PA | C | | |
| Street Address 4495 Katherine Dr | | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| Columbus | State | Zip Code 43232 | O I | D | / <u>(</u> | Amount 100 | | |

* 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 \$ 460 000