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|---------------|--|
| R.C. 3517.10  |  |

## **Statement of Contributions Received**

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|------|----------|-------|--|
| Page | <u>'</u> | <br>- |  |

Prescribed by Secretary of State 03/05

| Name of Committee in Full   |                    |   |          |                             | _                           |                          |  |  |  |
|---|--------------------|---|----------|-----------------------------|-----------------------------|--------------------------|--|--|--|
| Central Ohio Realtors Political Actio                             | n Committee        |   |          |                             |                             |                          |  |  |  |
| Full Name of Contributor 41-Page computer listing of contribution | ons received is at | tached                                  | Registr  | ation Nu                    | mber, if P                  | AC                       |  |  |  |
| Street Address<br>for use in 2014                                 | Employer/Occur     | pation/Labor Organization               |          |                             |                             | Form (Cash, Check, etc.) |  |  |  |
| City  | Stake<br>OH        | Zip Code                                | M        | D                           | Y                           | Amount<br>\$77,365.00    |  |  |  |
| Full Name of Contributor National Association of Realtors         |                    |   | Registr  | ation Nur                   | mber, if P                  | AC                       |  |  |  |
| Street Address Wire trans. State Exchange                         | Employer/Occu      | Employer/Occupation/Labor Organization  |          |                             |                             | Form (Cash, Check, etc.) |  |  |  |
| City  | State<br>OH        | Zip Code                                | 1 D      | 1 4                         | 1 4                         | Amount<br>\$55,000.00    |  |  |  |
| Full Name of Contributor  | uributor           |   |          |                             | Registration Number, if PAC |                          |  |  |  |
| Street Address  | Employer/Occu      | pation/Labor Organization               |          |                             |                             | Form (Cash, Check, etc.) |  |  |  |
| City  | State<br>OH        | Zip Code                                | 7,6      | D                           | Y                           | Amount .                 |  |  |  |
| Full Name of Contributor  |                    |   | Registr  | ation Nur                   | nber, if P.                 | AC .                     |  |  |  |
| Street Address  | Employer/Occup     | pation/Labor Organization               |          |                             |                             | Form (Cash, Check, etc.) |  |  |  |
| City  | State<br>OH        | Zip Code                                | M        | D                           | Y                           | Amount                   |  |  |  |
| Full Name of Contributor  | •                  |   | Registr  | ation Nur                   | nber, if P.                 | AC                       |  |  |  |
| Street Address  | Employer/Occup     | pation/Labor Organization               |          |                             |                             | Form (Cash, Check, etc.) |  |  |  |
| City  | Stake<br>OH        | Zip Code                                | M        | D                           | T Y                         | Amount                   |  |  |  |
| Full Name of Contributor  |                    |   |          | Registration Number, if PAC |                             |                          |  |  |  |
| Street Address  | Employer/Occup     | Employer/Occupation/Labor Organization* |          |                             |                             | Form (Cash, Check, etc.) |  |  |  |
| City  | State<br>OH        | Zip Code                                | M        | D                           | Y                           | Amount                   |  |  |  |
| Full Name of Contributor  |                    | •                                       | Registra | ation Nur                   | nber, if P.                 | AC                       |  |  |  |
| Street Address  | Employer/Occup     | pation/Labor Organization               | <u> </u> |                             |                             | Form (Cash, Check, etc.) |  |  |  |
| City  | Stafe<br>OH        | Zip Code                                | M        | D                           | Y                           | Amount                   |  |  |  |
| Full Name of Contributor  | ····               |   | Registra | ation Nur                   | nber, if P                  | AC                       |  |  |  |
| Street Address  | Employer/Occup     | pation/Labor Organization*              |          |                             | -                           | Form (Cash, Check, etc.) |  |  |  |
| City  | State<br>OH        | Zip Code                                | M        | D                           | ľ                           | Amount                   |  |  |  |

\* 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 \$132,365.00