

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Anthony Paletta							
Full Name of Contributor Patricia L Aleshire					Registration Number, if PAC		
Street Address 10101 Parkview Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Alpharetta	State G A	Zip Code 30005	M 0	D 9	Y 0	Amount 50.00	
Full Name of Contributor Mark Stephen Krausz					Registration Number, if PAC		
Street Address 5030 Sharon Hill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0	D 9	Y 0	Amount 100.00	
Full Name of Contributor Mark Higdon					Registration Number, if PAC		
Street Address 210 Westview Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 9	Y 1	Amount 100.00	
Full Name of Contributor Donald Dale					Registration Number, if PAC		
Street Address 271 W Kanawha Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 9	Y 1	Amount 120.00	
Full Name of Contributor Anne B Casto					Registration Number, if PAC		
Street Address 240 Westview Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Stonewall Democrats of Central Ohio					Registration Number, if PAC		
Street Address 545 E Town St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 520.00