31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Donahey Committee								
Full Name of Contributor							Registration Number, if PAC	
Pamela H. Glasgow								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
892 Montrose Avenue							Check	
City	State	Zip Code	M	D	Y		Amount	
Bexley	OH	43209	08	21	06		25.00	
Full Name of Contributor							Registration Number, if PAC	
Francine I. Jacobs								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5050 Thornhill Lane							Check	
City	State	Zip Code	M	D	Y		Amount	
Dublin	OH	43017	08	21	06		100.00	
Full Name of Contributor							Registration Number, if PAC	
Jeanne S. Donahey								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
582 La Jardin							Check	
City	State	Zip Code	M	D	Y		Amount	
Edgewater	FL	32141-7609	08	24	06		200.00	
Full Name of Contributor							Registration Number, if PAC	
James W. Wheaton								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
8399 Fairway Drive							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43235	08	24	06		50.00	
Full Name of Contributor							Registration Number, if PAC	
Gerald S. Jacobs								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5050 Thornhill Lane							Check	
City	State	Zip Code	M	D	Y		Amount	
Dublin	OH	43017	08	24	06		100.00	
Full Name of Contributor							Registration Number, if PAC	
Ruth Styche								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1630 Columbus Road							Check	
City	State	Zip Code	M	D	Y		Amount	
Granville	OH	43023	08	11	06		100.00	
Full Name of Contributor							Registration Number, if PAC	
Roslyn Pariser								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1620 E. Broad Street, Apt. 1605							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43203-2036	08	11	06		25.00	
Full Name of Contributor							Registration Number, if PAC	
Edwin Holt								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
804 Foster Hill							Check	
City	State	Zip Code	M	D	Y		Amount	
Nashville	TN	37215-2453	08	15	06		50.00	

* 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 $ 650.00