

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Clendon Thomas							
Full Name of Contributor Dianne Radigan						Registration Number, if PAC	
Street Address 900 Eastchester Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Gahanna	State OH	Zip Code 43230	M 10	D 09	Y 07	Amount 50.00	
Full Name of Contributor Nicholas Escobar : Paudy Lopez						Registration Number, if PAC	
Street Address 174 Olentangy Meadows Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Lewis Center	State OH	Zip Code 43035	M 10	D 09	Y 07	Amount 50.00	
Full Name of Contributor Cheryl : Geoffrey Helms						Registration Number, if PAC	
Street Address 341 Triumph Way		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH	
City Gahanna	State OH	Zip Code 43230	M 10	D 09	Y 07	Amount 5.00	
Full Name of Contributor Anonymous						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH	
City	State OH	Zip Code	M 10	D 09	Y 07	Amount 20.00	
Full Name of Contributor Rosetta R. Brown						Registration Number, if PAC	
Street Address 5049 Marden Ct		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Gahanna	State OH	Zip Code 43230	M 10	D 10	Y 07	Amount 100.00	
Full Name of Contributor Donald : Angela Wells						Registration Number, if PAC	
Street Address 8245 Snowhill Ct		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Westerville	State OH	Zip Code 43081	M 10	D 06	Y 07	Amount 130.00	
Full Name of Contributor Jon D. Welty						Registration Number, if PAC	
Street Address 197 Irving Way West		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Columbus	State OH	Zip Code 43214	M 10	D 10	Y 07	Amount 50.00	
Full Name of Contributor Joseph A. Gottron : Angela J. Gottron						Registration Number, if PAC	
Street Address 814 Aylesbury Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Gahanna	State OH	Zip Code 43230	M 10	D 11	Y 07	Amount 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **455.00**

RUNNING TOTAL 7181