

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Elect Clendon Thomas							
Full Name of Contributor James E or Diana L Kunk				Registration Number, if PAC			
Street Address 7298 Rosegate Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CH		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 15	Amount 200.00	
Full Name of Contributor Steven P Fields				Registration Number, if PAC			
Street Address 309 Sumption Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CH		
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 17	Amount 50.00	
Full Name of Contributor Amy C. : Steven P. Fields				Registration Number, if PAC			
Street Address 309 Sumption Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CH		
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 17	Amount 50.00	
Full Name of Contributor S.B. Helmreich				Registration Number, if PAC			
Street Address 242 Park Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CH		
City Worthington	State OH	Zip Code 43085-3660	M 1	D 0	Y 16	Amount 25.00	
Full Name of Contributor Joseph Finegold : Amy Debra Klaben				Registration Number, if PAC			
Street Address 238 N. Cassady Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CH		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 17	Amount 25.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **350.00**Running Total **4531**