

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Sue Ralph							
Full Name of Contributor Judith W. Spicer					Registration Number, if PAC		
Street Address 2703 Mount Holyack Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check.		
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 6	Y 1 6	Amount 25.00	
Full Name of Contributor Stacey Hall					Registration Number, if PAC		
Street Address 1937 Collingwood Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 6	Y 1 6	Amount 50.00	
Full Name of Contributor Rochelle DeRoberts					Registration Number, if PAC		
Street Address 2737 Edington Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 6	Y 1 6	Amount 50.00	
Full Name of Contributor Jane T. White					Registration Number, if PAC		
Street Address 3696 Waldo Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 2 7	Y 1 6	Amount 200.00	
Full Name of Contributor Robert Kincaid					Registration Number, if PAC		
Street Address 2144 Strathshire Hill Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1 0	D 2 9	Y 1 6	Amount 100.00	
Full Name of Contributor Anne C. Eberhart					Registration Number, if PAC		
Street Address 2221 Abington Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 9	Y 1 6	Amount 50.00	
Full Name of Contributor Sarah W. Peters					Registration Number, if PAC		
Street Address 2644 Berwyn Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 9	Y 1 6	Amount 25.00	
Full Name of Contributor Mary Ellen Hatch					Registration Number, if PAC		
Street Address 1942 Collingswood Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 9	Y 1 6	Amount 150.00	

* 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