

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full UA FOR ACCOUNTABILITY									
Full Name of Contributor F.T. THURSTON							Registration Number, if PAC		
Street Address 1944 ARLINGTON AVE				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City UA	State OH	Zip Code 43212	M 08	D 18	Y 16	Amount 50.00			
Full Name of Contributor JAMES WHITE							Registration Number, if PAC		
Street Address 4049 RITA-MARIE DR				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City UA	State OH	Zip Code 43220	M 08	D 18	Y 16	Amount 25.00			
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City UA	State OH	Zip Code 4322	M	D	Y 16	Amount			
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City UA	State OH	Zip Code 4322	M	D	Y 16	Amount			
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City UA	State OH	Zip Code 4322	M	D	Y 16	Amount			
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
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Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City UA	State OH	Zip Code 4322	M	D	Y 16	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(E)(4)]

Page Total \$ **75**