

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full											
Full Name of Contributor Casto Realty Investments LTD							Registration Number, if PAC				
Street Address 191 W. Nationwide Blvd. Suite 200				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus		State OH	Zip Code 42315		M 0	D 9	Y 2	Y 3	Y 0	Y 5	Amount 500
Full Name of Contributor Casto Family Funding							Registration Number, if PAC				
Street Address 191 W. Nationwide Blvd. Suite 200				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus		State OH	Zip Code 42215		M 0	D 9	Y 2	Y 3	Y 0	Y 5	Amount 500
Full Name of Contributor Karen Mughan							Registration Number, if PAC				
Street Address 1340 Highland street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus		State OH	Zip Code 43201		M 0	D 9	Y 2	Y 3	Y 0	Y 5	Amount 30
Full Name of Contributor Susan E. Weaver							Registration Number, if PAC				
Street Address 5752 Duddingston Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Dublin		State OH	Zip Code 43017		M 0	D 9	Y 2	Y 3	Y 0	Y 5	Amount 50
Full Name of Contributor Jerry Hammond And Associates							Registration Number, if PAC				
Street Address 137 E. State Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 2	Y 3	Y 0	Y 5	Amount 150
Full Name of Contributor Kilroy For County Commissioner							Registration Number, if PAC				
Street Address 3886 N. High Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus		State OH	Zip Code 43214		M 1	D 0	Y 1	Y 3	Y 0	Y 5	Amount 2,500
Full Name of Contributor Shellee Fisher Davis							Registration Number, if PAC				
Street Address 8349 Breckenridge Way				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus		State OH	Zip Code 43235		M 1	D 0	Y 1	Y 3	Y 0	Y 5	Amount 50
Full Name of Contributor Ted W. Lemmon							Registration Number, if PAC				
Street Address 7833 Country Brook Lane				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Reynoldsburg		State OH	Zip Code 43068		M 1	D 0	Y 1	Y 3	Y 0	Y 5	Amount 2,500

* 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 **6,280.00**