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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor Columbus Sheet Metal Workers PAC	Registration Number, if PA	Registration Number, if PAC OH1053					
Street Address 3035 Lamb Ave.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43219	1 0 2 5 0 5	Amount 250			
Full Name of Contributor John P. Brinkman			Registration Number, if Pa	AC			
Street Address 666 Broadsworth Ct.	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Powell	State OH	Zip Code 42066	1 0 2 5 0 5	Amount 200			
Full Name of Contributor W.J. Young	<u> </u>		Registration Number, if P.	AC			
Street Address 1763 E. Wittenberg Blvd.	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Springfield	State OH	Zip Code 45506	1 0 2 5 0 5	Amount 150			
Full Name of Contributor William P. Demora			Registration Number, if P.	AC			
Street Address 100 Warren Street	Street Address Employer/Occupation/Labor Organization*						
City Columbus	State OH	Zip Code 43215	1 0 2 5 0 5	Amount 50			
Full Name of Contributor Timothy D. Kelton		Registration Number, if PAC					
Street Address 8210 Avondale Ridge Ct.	Employer/Occup	nation/Labor Organization*		Form (Cash, Check, etc.) check			
City Dublin	State OH	Zip Code 43017	1 0 2 5 0 5	Amount 250			
Full Name of Contributor John P. Wilkerson, Jr.			Registration Number, if P	AC			
Street Address 7804 Brandonway Drive	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Dublin	State OH	Zip Code 43017	1 0 2 5 0 5	Amount 250			
Full Name of Contributor Marilee Chinnici-Zuercher	1		Registration Number, if P	AC			
Street Address 6043 Glenbarr Place	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.) check			
City Dublin	State OH	Zip Code 43017	1 0 2 5 0 5	Amount 50			
Full Name of Contributor Janet Grubb		1.00.	Registration Number, if P	AC			
Street Address 4062 Georgesville Road		Form (Cash, Check, etc.)					
City Grove Clty	State OH	Zip Code 43123	1 0 2 5 0 5	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)]