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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						<del></del>		
Committee to Elect Sue Ralph								
Full Name of Contributor	<del></del>	<del></del>	D. Z.		'CD.			
Thomas E. Denune					Registration Number, if PAC			
Street Address	Employar(Occup	ation/Lohor Organization#				F (O-1 C		
4168 Daventry Rd.	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Ci	heck, etc.)	
City	State	Zip Code		T -	T y	Check	<u>.</u>	
Columbus	1 - 1 - 7 -	1 -	M	D		Amount	F0.00	
Full Name of Contributor	O   H	43220	1 0		1 6		50.00	
Deborah T. Holstein			Registra	tion Num	ber, if PA	C		
Street Address	Employer/Occum	ation/Labor Orumination#				r (O L o		
1300 Fountaine Dr.	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
City	State	7:- C-1.			<del></del> -	Check		
Columbus	- 1 77	Zip Code	M	D	Y	Amount	<b>5</b> 0.00	
Full Name of Contributor	OH	43221	1 0		1 6	<u></u>	50.00	
Donald E. Ely			Registra	tion Num	ber, if PA	С		
Street Address	r							
	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	heck, etc.)	
3440 River Rhone Ln.		Ta: a .				<u>Check</u>		
Columbus	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor	O H	43221	1 0		$1 \mid 6$		50.00	
,			Registra	tion Num	ber, if PA	С		
Aimee L. White Street Address								
	Employer/Occup.	ation/Labor Organization*			İ	Form (Cash, Cl	heck, etc.)	
2338 Club Rd.			<del></del>			Check		
	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43221	1 0	1   1	1 6		10 <u>0.0</u> 0	
Full Name of Contributor			Registrat	tion Num	per, if PA	С	_	
Edward F. Seidel, Jr.	· · · · · · · · · · · · · · · · · · ·							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
4660 Stonehaven Drive						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O   H	43220	1 0	1 1	1 6		<u> 150.00</u>	
Full Name of Contributor			Registrat	ion Numl	oer, if PA	C		
Claire F. Moses								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
1281 Langston Dr.		<u> </u>				Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O   H	43220	1 0	1 1	$1 \lfloor 6 \rfloor$		25.00	
Full Name of Contributor		·	Registrat	ion Numl	oer, if PA	С		
Dorothy C. Griffith								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, C)	neck, etc.)	
7613 Bluff Bend Dr.						Check		
City	State	Zip Code	М	D	Ÿ	Amount		
Columbus	O H	43235	1 0	$1 \mid 1$	1 6		75.00	
Full Name of Contributor			Registrat	ion Numl	er, if PA	С	· ·	
Kimberley R. Hoag								
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2057 Upper Chelsea Rd.						Check		
City	State	Zip Code	М	D	Y	Amount		
Upper Arlington	O   H	43221	1   0	1 1	1 6		75 <u>.00</u>	
equired for contributions from individuals over \$100 to statem	de and conoral assembly	atas If as tiles and it is	1 1 1					

\* 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 \$ 575.00