

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 Thomas E. Denune					Registration Number, if PAC		
Street Address 4168 Davenport Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 1	Y 1 6	Amount 50.00	
Full Name of Contributor Deborah T. Holstein					Registration Number, if PAC		
Street Address 1300 Fountaine Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 1	Y 1 6	Amount 50.00	
Full Name of Contributor Donald E. Ely					Registration Number, if PAC		
Street Address 3440 River Rhone Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 1	Y 1 6	Amount 50.00	
Full Name of Contributor Aimee L. White					Registration Number, if PAC		
Street Address 2338 Club Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 1	Y 1 6	Amount 100.00	
Full Name of Contributor Edward F. Seidel, Jr.					Registration Number, if PAC		
Street Address 4660 Stonehaven Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 1	Y 1 6	Amount 150.00	
Full Name of Contributor Claire F. Moses					Registration Number, if PAC		
Street Address 1281 Langston Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 1	Y 1 6	Amount 25.00	
Full Name of Contributor Dorothy C. Griffith					Registration Number, if PAC		
Street Address 7613 Bluff Bend Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 1	Y 1 6	Amount 75.00	
Full Name of Contributor Kimberley R. Hoag					Registration Number, if PAC		
Street Address 2057 Upper Chelsea Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 1 0	D 1 1	Y 1 6	Amount 75.00	

* 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)]