

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Rachael Dorothy							
Full Name of Contributor Richard Ollila					Registration Number, if PAC		
Street Address 6800 Abbot Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 1	D 0	Y 1	Amount \$10.00	
Full Name of Contributor Nancy Ollila					Registration Number, if PAC		
Street Address 6800 Abbot Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 1	D 0	Y 1	Amount \$10.00	
Full Name of Contributor Marty Gelfand					Registration Number, if PAC		
Street Address 3954 Eastway Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City South Euclid	State OH	Zip Code 44118	M 1	D 0	Y 8	Amount \$12.50	
Full Name of Contributor Sherry Ball					Registration Number, if PAC		
Street Address 3954 Eastway Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City South Euclid	State OH	Zip Code 44118	M 1	D 0	Y 8	Amount \$12.50	
Full Name of Contributor Frank Shepherd, Jr.					Registration Number, if PAC		
Street Address 600 Keys Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 1	D 0	Y 2	Amount \$50.00	
Full Name of Contributor Constance Shepherd					Registration Number, if PAC		
Street Address 600 Keys Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 1	D 0	Y 2	Amount \$50.00	
Full Name of Contributor Patrick Connolly					Registration Number, if PAC		
Street Address 809 McCall Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43235	M 1	D 0	Y 1	Amount \$200.00	
Full Name of Contributor Troy Doucet					Registration Number, if PAC		
Street Address 700 Stonehenge Parkway, 2B		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 1	Amount \$100.00	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$445.00