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Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor Andrew E. Showe			Registration Number, if I	PAC			
Street Address 45 N. 4th Street, Suite 200	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check			
Columbus	State OH	Zip Code 42315	1 0 1 3 0 5	Amount 125			
Full Name of Contributor Columbus Apartment Association	Registration Number, if PAC #OH146						
Street Address 1225 Dublin Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43215	1 0 1 3 0 5	Amount 1,000			
Full Name of Contributor Registration Number, if PAC Robert M. Bernard							
Street Address 3387 Shattuck Ave,		Form (Cash, Check, etc.)					
City Columbus	State OH	Zip Code 43221	1 0 1 3 0 5				
Full Name of Contributor Ohio & Vicinity Regional Council	Registration Number, if LA416						
Street Address 1394 Courtright Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43227	1 0 1 3 0 5	Amount 500			
Full Name of Contributor Carpenters Local Union #200	Registration Number, if PAC #10288						
Street Address 1545 Alum Creek Drive	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43209	1 0 1 3 0 5				
Full Name of Contributor Mark K. Milligan Registration Number, if PAC							
Street Address P.O. Box 12333	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) check			
City Columbus	State OH	Zip Code 43212	1 0 1 3 0 5	Amount 1,000			
Full Name of Contributor James P. Joyce Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization* 1335 Dublin Road, Suite 100B				Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43215	1 0 1 3 0 5	Amount 2,500			
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)			
City	State OH	Zip Code	M D Y	Amount			

Page Total

^{*} 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)]