Statement of Contributions Received

Page	

Page Total

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor Frank J. Cipriano	Registration Number, if P	Registration Number, if PAC		
Street Address 39 E. Whittier Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	1 0 2 5 0 5	Amount 500
Full Name of Contributor Friends For Thomas			Registration Number, if P	AC
Street Address 250 West Street, Suite 700	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43215	1 0 2 5 0 5	Amount 500
Full Name of Contributor United Steelworkers of America	Registration Number, if P LA 766	AC		
Street Address 777 Dearbourne Park Lane, Suite J	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	Stake OH	Zip Code 43085	1 0 2 5 0 5	Amount 300
Full Name of Contributor Lee M. Smith			Registration Number, if F	AC
Street Address 929 Harrison Ave., Suite 300	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	1 0 2 5 0 5	Amount 500
Full Name of Contributor Murray Murphy Moul + Basil LLP			Registration Number, if PAC	
Street Address 326 South High Street, Suite 400	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 2 5 0 5	Amount 1,000
Full Name of Contributor Isaac, Brant, Ledman & Teetor LLP	Registration Number, if I	PAC		
Street Address 250 East Broad street	Employer/Occu	apation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	1 M 2 5 0 5	Amount 250
Full Name of Contributor M/I Homes PAC	Registration Number, if PAC CP 1203			
Street Address 3 Easton Oval, Suite 500	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	1 0 2 5 0 5	Amount 1,500
Full Name of Contributor Ohio AFSCME Political	PAC			
Street Address 6805 Oak Creek Drive	Employer/Occu	apation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43229	1 0 2 5 0 5	Amount 500

^{*} 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)]