

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Bryan Steward											
Full Name of Contributor William Johnston						Registration Number, if PAC					
Street Address 94 Northwoods Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Columbus			State OH		Zip Code 43235		M C		D 8	Y 2011	Amount 200.-
Full Name of Contributor Michael L Silberstein						Registration Number, if PAC					
Street Address 1093 Fountain Ln Apt D			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Columbus			State OH		Zip Code 43213		M 1		D 03	Y 11	Amount 100
Full Name of Contributor Haynes and Haynes LLC						Registration Number, if PAC					
Street Address 399 E Main St Ste 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Columbus			State OH		Zip Code 43215		M 09		D 29	Y 11	Amount 100
Full Name of Contributor Flayvalla D Hatchett						Registration Number, if PAC					
Street Address 6699 Winchester Crossing Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Canal Winchester			State OH		Zip Code 43110		M 10		D 02	Y 11	Amount 50
Full Name of Contributor Dolores Steward						Registration Number, if PAC					
Street Address 1265 Brentnell Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Cals			State OH		Zip Code 43219		M 10		D 13	Y 11	Amount 30
Full Name of Contributor Marcia L Conley						Registration Number, if PAC					
Street Address 3443 Pine Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Powell			State OH		Zip Code 43065		M 10		D 13	Y 11	Amount 40
Full Name of Contributor Kimberly Cooncraft						Registration Number, if PAC					
Street Address 988 Wellington Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Cals			State OH		Zip Code 43229		M 10		D 13	Y 11	Amount 35
Full Name of Contributor Catherine T Willis						Registration Number, if PAC					
Street Address 191 Melyers			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check				
City Cals			State OH		Zip Code 43235		M 10		D 13	Y 11	Amount 40

* 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)]