

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Donahey Committee							
Full Name of Contributor Victoria D. Pendergast					Registration Number, if PAC		
Street Address 14A NE Isles Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City North East	State M D	Zip Code 21901-3100	M 0	D 7	Y 3	Amount 100.00	
Full Name of Contributor Anne R. Robinson					Registration Number, if PAC		
Street Address 149 Halligan Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085-2613	M 0	D 7	Y 3	Amount 25.00	
Full Name of Contributor Bettye R. Siemon					Registration Number, if PAC		
Street Address 516 Big Rock Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 7	Y 2	Amount 25.00	
Full Name of Contributor Teamsters Local Union No. 413 Drive Fund					Registration Number, if PAC		
Street Address 555 East Rich St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 1	Amount 250.00	
Full Name of Contributor Rhonda K. Zigler					Registration Number, if PAC		
Street Address 1223 Madison Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 1	D 0	Y 0	Amount 25.00	
Full Name of Contributor Bruce Perry					Registration Number, if PAC		
Street Address 7181 Charleton Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 1	D 0	Y 0	Amount 25.00	
Full Name of Contributor Rose Ann Nixon					Registration Number, if PAC		
Street Address 918 Francis Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1	D 0	Y 0	Amount 25.00	
Full Name of Contributor Constance D. Brown					Registration Number, if PAC		
Street Address 7170 Charleton Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 1	D 0	Y 1	Amount 35.00	

* 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)]

Page Total \$ 510.00