

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Full Name of Contributor Ruth Ross						Registration Number, if PAC			
Street Address 2710 N. Cassady Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43219	M 0	D 9	Y 2	Amount 100.00		
Full Name of Contributor Teachers for Better Schools						Registration Number, if PAC			
Street Address 929 E Broad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43205	M 0	D 9	Y 2	Amount 2,000.00		
Full Name of Contributor Susie Wright						Registration Number, if PAC			
Street Address 3019 Bretton Woods Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43231	M 0	D 9	Y 2	Amount 50.00		
Full Name of Contributor Marilyn M Daltonb						Registration Number, if PAC			
Street Address 1107 E Dunedin Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43224	M 1	D 0	Y 1	Amount 25.00		
Full Name of Contributor James Pearson						Registration Number, if PAC			
Street Address 3224 Cannock			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43219	M 1	D 0	Y 0	Amount 200.00		
Full Name of Contributor Contributions from Event on 4/28						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount 75.00		
Full Name of Contributor Contributions from Event on 4/22						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount 130.00		
Full Name of Contributor Agnes Jennings						Registration Number, if PAC			
Street Address 1325 Sunbury Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43219	M 0	D 3	Y 1	Amount 25.00		

* 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 \$ 2,605.00