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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		*COLUMN *****		in the second se	Name and the State of the State		***************************************		
Name of Committee in Full		x+1.6702005552							
Full Name of Contributor			W-11-110-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Registra	ation Nun	nber, if P	AC		
Ruth Ross									
Street Address	Emplover/0	Occupa	ation/Labor Organization*	_E	****************		Form (Cash, C	Check, etc.)	
2710 N. Cassady Avenue	- Sumpio						Check		
City	State	,	Zip Code	M	D	Y	Amount	······································	
Columbus	0	Н	43219	0 9	2 3	0 9		100.00	
Full Name of Contributor					ation Nun		АC		
Teachers for Better Schools									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
929 E Broad St							Check		
City	State	;	Zip Code	M	D	Y	Amount		
Columbus	0	H	43205	0 9				2,000.00	
Pull Name of Contributor				Registra	ation Nun	nber, if P.	AC		
Susie Wright						2)33231110000000000000000000000000000000			
Street Address	Employer/	Оссир	ation/Labor Organization*				Form (Cash, Check, etc.)		
3019 Bretton Woods Dr.							Check		
City	State		Zip Code	M	D	Y	Amount		
Columbus	0	H	43231	0 9				50.00	
Full Name of Contributor Registration Number,						nber, if P.	AC		
Marilyn M Daltonb							7		
Street Address	Employer/	Оссир	ation/Labor Organization*				Form (Cash,		
1107 E Dunedin Rd							Check		
City	State		Zip Code	M	D	Y	Amount	6 E 66	
Columbus		H	43224	1 0	CONTRACTOR CONTRACTOR			25.00	
Full Name of Contributor				Registr	ation Nu	mber, if P	AC		
James Pearson									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash,		
3224 Cannock						7 77	Check	<u> </u>	
City	State		Zip Code	M	D	Y	Amount	200.00	
Columbus		H	43219		0 3			200.00	
Full Name of Contributor		Registr	ration Nu	mber, if P	AC				
Contributions from Event on 4/28							Dr	Charles (C)	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	State	e	Zip Code	М	D	Y	Amount		
								75.00	
Full Name of Contributor				Registr	ration Nu	mber, if P	AC		
Contributions from Event on 4/22									
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					Check, etc.)			
	, ,	•							
City	Stat	e	Zip Code	M	D	Y	Amount		
STATE OF THE PROPERTY OF THE P	NA COLUMN TO SERVICE STATE OF SERVICE STATE STATE OF SERVICE STATE STATE OF SERVICE STATE STATE STATE OF SERVICE STATE							130.00	
Full Name of Contributor				Regist	ration Nu	mber, if P	'AC		
Agnes Jennings									
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
1325 Sunbury Rd.							Checl	Check	
City	Stat		Zip Code	M	D	Y	Amount		
Columbus	0	H	43219	0 3	3 1 6	0 9)	25.00	
L.		***************************************		Marie Company of the Party of t		*			

Page Total \$	2,605.00

^{*} 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)]