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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Committee to Elect Sue Ralph									
Full Name of Contributor									
Priscilla M. Meeks					Registration Number, if PAC				
Street Address	Empley	ar/Oncur	ntion (Labor Orumination *	<u> </u>			n (0 1 m		
2611 Edington Rd.	Employ	Employer/Occupation/Labor Organization*						eck, etc.)	
City		State	Zip Code	1,,-		T 15	Check		
Columbus	_	H H	The state of the s	M	D	Y	Amount	= 0.00	
Full Name of Contributor	0	11	43221	$1 \mid 0$		1 6		50.00	
Charles R. Snyder				Registra	ation Num	ber, if I'A	.C		
Street Address	Employ	er/Oroun	ation/Labor Organization*				T (0 1 m)		
2208 Fairfax Rd.	Employ	enoccup	anon/Labor Organization*				Form (Cash, Ch	eck, etc.)	
City		State	2 0 1	T	T-5		Check		
Columbus	1 _	I H	Zip Code	M	D	Y	Amount	=0.00	
Full Name of Contributor	10	11	43221	1 0		1 6	<u> </u>	50.00	
Joseph M. Berwanger				Registra	ation Num	ber, if PA	.C		
Street Address	Employ	ar/Occur	stion II ab Omenia sti •					_	
1600 Sundridge Dr.	Employ	en/Occup:	ation/Labor Organization*		Form (Cash, Check, etc.)				
City		4	7'- 0-1	1		T	Check		
Columbus		itate H	Zip Code	M	D	Y	Amount		
Full Name of Contributor	0	111	43221	1 0		1 6	<u> </u>	50.00	
Carole H. Schuller				Registra	tion Num	ber, if PA	.C		
Street Address	Employ	ar/Oanun	stion# sl Oussei-si*					 _	
_ 6825 Grenadier Blvd. Apt. 801	Employ	er/Cocupa	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
City		tate	7: 0.1		T		Check		
Naples	F	iaie I T	Zip Code	M	D	Y	Amount	400.00	
Full Name of Contributor	<u>_</u>	<u> L-</u>	34108	1 0	~ , ~	1 6		100.00	
John C. Cleland				Kegistra	tion Num	ber, if PA	C		
Street Address	Employ	ar/C)asupr	ntion/Labor Organization*				0 (0) 6		
2319 Arlington Ave.	Linpioy	2projen eccupation Lagor Organization						Form (Cash, Check, etc.)	
City		tate	Zip Code	1	T 5		Check		
Columbus		H		M	D	Y	Amount	100.00	
Full Name of Contributor	0	11	43221	$1 \mid 0$	111	1 6		100.00	
Registration Number, if PAC Sally Cress									
Street Address	Employ	ar/Occupa	tion flat - Occasionia				D (0) 6		
2625 Edington Rd.	Limpios	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
City		tate	Zip Code	Т.,			Check		
Upper Arlington	_	l Н		M	D	Y	Amount	-0.00	
Full Name of Contributor	10	111	43221	$1 \mid 0$	111	116		50.00	
Jay R. Powell				Registra	tion Num	ber, if PA	C		
Street Address	Employ	ar/Occurs	tion/Labor Occupiantion#				E (0.1 cr		
_4568 Arlingate Dr.	Linploy	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City		tate	Zip Code	114		1 7	Check		
Columbus	lo°	H	•	M	D	Y	Amount	50.00	
Full Name of Contributor		11	43220	$1 \mid 0$	1 1	1 6		50.00	
Jeanne N. Schoedinger				Kegistra	tion Numb	per, if PA	L	İ	
Street Address	Employ	Employar/Occupation/Labor Organization					E (C		
1911 Upper Chelsea	Linploy	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City		tate	Zip Code	1		· ·	Check		
Columbus	l o°	iale H		M	D	1 c	Amount	1E0 00	
guired for contributions from individuals over \$100 to statewide and	<u>-i O</u>	11	43212	1 0	111	1 6		150.00	

* 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 \$ 600.00