Statement of Contributions Received

Date: 10/18/2006

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Prescribed	by	Secretary	of	State	3	/0
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Name of Committee in Full:

Gill 1	or J	udae
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Full Name of Contributor	·····			Registration	Number, if PAC		
Marlene Lynn							
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)		
7725 Kelvinway Drive				Check			
City	State	Zip Code	M/D/Y				
Worthington	OH	43085	8/28/200		\$20.00		
Full Name of Contributor	Registration Number, if PAC						
Robert Hetterscheidt				L	T. (0.1.0b1)		
Street Address 495 S. High St; Ste 250	Employer/Occupation/Organization				Form (Cash, Check, etc.) Check		
City	State	Zip Code	M/D/Y	_			
Columbus	OH	43215	8/28/200		\$50.00		
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·			Registration	Number, if PAC		
H. Russell Anderson							
Street Address	Employer/C	Occupation/Organ	zation		Form (Cash, Check, etc.) Check		
399 Highgate Ave.	State	Zip Code	M/D/Y		CHCCK		
City Worthington	OH	43085	8/28/200	6	\$250.00		
Full Name of Contributor	<u> </u>		5,25,200		Number, if PAC		
Marla Bernardo	Registration	Number, ii PAC					
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)		
83 E. Mithoff Street					Check		
City	State	Zip Code	M/D/Y				
Columbus	OH	43206	8/29/2006		\$40.00		
Full Name of Contributor				Registration	Number, if PAC		
Carol Ann Fey	<u>i , , , , , , , , , , , , , , , , , , ,</u>	- (0 1 0) d d d)					
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.) Check		
PO Box 9124 City	State	Zip Code	M/D/Y		CITCON		
Bexley	OH	43209	8/29/2006		\$100.00		
Full Name of Contributor	011 10203 0,20,120				Registration Number, if PAC		
Ellen Bennett							
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)		
828 Vernon Road					Check		
City	State	Zip Code	M/D/Y	_			
Bexley	OH	43209	8/29/200		\$20.00		
Full Name of Contributor				Registration	Number, if PAC		
Mary Hughes	- 		 		re a control of all all a		
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)		
829 Vernon Road	State	Zip Code	M/D/Y		Check		
City Columbus	OH	43209	8/29/200	16	\$20.00		
	On 73209 0/29/200				1 Number, if PAC		
Full Name of Contributor Sheryl Williams	Registration	I NUMBER, IL FAC					
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)		
658 Bugle Court					Check		
City	State	Zip Code	M/D/Y	M/D/Y			
Gahanna	OH	43230	8/29/200	8/29/2006 \$25.00			

Page Total: \$525.00

^{*} 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)]