

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Anthony Paletta									
Full Name of Contributor Brad M Horn						Registration Number, if PAC			
Street Address 5444 Olentangy Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 8	Y 2	Amount 250.00			
Full Name of Contributor Debra J Sohovich						Registration Number, if PAC			
Street Address 219 W Kanawha Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 8	Y 3	Amount 30.00			
Full Name of Contributor John O'Keefe						Registration Number, if PAC			
Street Address 6784 Josvin Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0	D 8	Y 3	Amount 100.00			
Full Name of Contributor Anthony DiMarco						Registration Number, if PAC			
Street Address 181 Westview Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 8	Y 3	Amount 50.00			
Full Name of Contributor Johanna Corbin						Registration Number, if PAC			
Street Address 223 E Beaumont Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 8	Y 3	Amount 30.00			
Full Name of Contributor Dannv R Walters						Registration Number, if PAC			
Street Address 5250 Riverside Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 8	Y 3	Amount 25.00			
Full Name of Contributor Linda Alaimo						Registration Number, if PAC			
Street Address 4373 Valleyside Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cleveland	State O H	Zip Code 44135	M 0	D 9	Y 0	Amount 300.00			
Full Name of Contributor Joseph Paletta						Registration Number, if PAC			
Street Address 3306 Maplecrest Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Parma	State O H	Zip Code 44134	M 0	D 9	Y 0	Amount 100.00			

* 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 \$ 885.00