

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Full Name of Contributor MELVIN E WALDEN						Registration Number, if PAC			
Street Address 50 FOREST RIDGE CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City POWELL		State O H	Zip Code 43061		M 0 3	D 1 1	Y 0 9	Amount 40.00	
Full Name of Contributor MARCUS ROSS						Registration Number, if PAC			
Street Address 4468 KEELER DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43227		M 0 3	D 1 1	Y 0 9	Amount 100.00	
Full Name of Contributor CHERYL BOBBITT BOYCE						Registration Number, if PAC			
Street Address 2149 MEADOW HILLS CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43228		M 0 0	D 1 1	Y 0 9	Amount 50.00	
Full Name of Contributor BRENDA K HAYNES						Registration Number, if PAC			
Street Address 1166 S WEYANT AVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43227		M 0 3	D 1 1	Y 0 9	Amount 50.00	
Full Name of Contributor CHESTER C CHRISTIE						Registration Number, if PAC			
Street Address 1344 ELDORN DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43207		M 0 3	D 1 1	Y 0 9	Amount 40.00	
Full Name of Contributor JOHN PARMS						Registration Number, if PAC			
Street Address 6910 CUNNINGHAM DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City NEW ALBANY		State O H	Zip Code 43054		M 0 3	D 1 1	Y 0 9	Amount 100.00	
Full Name of Contributor AL EDMONDSON						Registration Number, if PAC			
Street Address 346 N 20TH ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS		State O H	Zip Code 43203		M 0 3	D 1 1	Y 0 9	Amount 50.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

* 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 \$ 430.00