

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Full Name of Contributor David E. Black						Registration Number, if PAC			
Street Address 3714 Seaforth Drive			Employer/Occupation/Labor Organization* Fifth Third Bank - Public Funds Officer				Form (Cash, Check, etc.) check		
City Columbus		State O   H		Zip Code 43220		M   D   Y 1   1   0   8   0   5		Amount 250.00	
Full Name of Contributor Bradley Hummel						Registration Number, if PAC			
Street Address 2101 Elgin Road			Employer/Occupation/Labor Organization* City of Columbus/City Attorney				Form (Cash, Check, etc.) check		
City Columbus		State O   H		Zip Code 43221		M   D   Y 1   1   0   3   0   5		Amount 50.00	
Full Name of Contributor Friends of O'Grady Committee						Registration Number, if PAC			
Street Address 271 East State Street			Employer/Occupation/Labor Organization* Campaign Committee				Form (Cash, Check, etc.) check		
City Columbus		State O   H		Zip Code 43215		M   D   Y 1   1   0   1   0   5		Amount 500.00	
Full Name of Contributor Raj Rajadhyaksha						Registration Number, if PAC			
Street Address 270 Valley Run Place			Employer/Occupation/Labor Organization* DLZ/CEO				Form (Cash, Check, etc.) check		
City Powell		State O   H		Zip Code 43065		M   D   Y 1   1   0   4   0   5		Amount 500.00	
Full Name of Contributor Thomas Suddes						Registration Number, if PAC			
Street Address 6665 Eagle Creek Lane			Employer/Occupation/Labor Organization* The Suddes Group Ltd., Inc.				Form (Cash, Check, etc.) check		
City Ostrander		State O   H		Zip Code 43061		M   D   Y 1   1   0   1   0   5		Amount 100.00	
Full Name of Contributor J.P. Morgan Chase & Co. PAC						Registration Number, if PAC FEC ID# C00128512			
Street Address 270 Park Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New York		State N   Y		Zip Code 10017		M   D   Y 1   1   0   3   0   5		Amount 250.00	
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	
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 \$ 1,650.00