

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
The Committee to Elect Clendon Thomas									
Full Name of Contributor							Registration Number, if PAC		
Harold D. Keller									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
543 Greenglade Ave							CH		
City		State		Zip Code		M		D Y	
Worthington		OH		43085		10		19 07	
Amount							100.00		
Full Name of Contributor							Registration Number, if PAC		
Anne He M. Houck									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
141 Northridge Rd							CH		
City		State		Zip Code		M		D Y	
Columbus		OH		43214		10		16 07	
Amount							50.00		
Full Name of Contributor							Registration Number, if PAC		
Henry J. Tracy L Davis									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2598 Bloom Dr							CH		
City		State		Zip Code		M		D Y	
Columbus		OH		43219		10		25 07	
Amount							50.00		
Full Name of Contributor							Registration Number, if PAC		
Kelly J Fortson-Blackmon Allen Blackmon									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
PO Box 9071							CH		
City		State		Zip Code		M		D Y	
Bexley		OH		43209		11		05 07	
Amount							50.00		
Full Name of Contributor							Registration Number, if PAC		
Reginald: Anita M Johnson									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
13285 ashley Creek							50.00 CH		
City		State		Zip Code		M		D Y	
Pickerington		OH		43147		11		06 07	
Amount							50.00		
Full Name of Contributor							Registration Number, if PAC		
Larry Seward: Shirley Seward									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4226 Lerwick Dr							CH		
City		State		Zip Code		M		D Y	
Dublin		OH		43017		11		09 07	
Amount							100.00		
Full Name of Contributor							Registration Number, if PAC		
CBP Scholarship C/O Bob Lanier									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1814 E 40th St							CH		
City		State		Zip Code		M		D Y	
Cleveland		OH		44103					
Amount							100.00		
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	
		OH							
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 also appear. [R.C. 3517.10(B)(4)]

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