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Page	_	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Donahey Committee									
Full Name of Contributor				Registr	ation Num	her if DA	i.C		
Contributions from form No. 31-E				Registration Number, if PAC					
Street Address	Employe	er/Occup	ation/Labor Organization*	<u> </u>		·	Form (Cash, Che	ck. etc.)	
							0.21 (0.001, 0.10	,,	
City	St	ate	Zip Code	М	D	Y	Amount		
	1			110	1 5	0 6		450.00	
Full Name of Contributor				Registr	ation Num				
Onda, LaBuhn, Rankin & Boggs Co., L	PA								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
266 North Fourth Street, Suite 100							Check		
City		ate	Zip Code	М	D	Y	Amount	-	
Columbus	0	H	43215-2511	0 9		0 6		150.00	
Full Name of Contributor				Registra	ation Num	ber, if PA	C		
Melinda L. Donahey				<u> </u>					
Street Address	Employe	г/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)		
1663 Parkcrest Cir., Apt. 200			Ta: 0.1	T ::-	1 =	T	Check		
City	f .	ate	Zip Code	M	D	Y	Amount	100.00	
Reston Full Name of Contributor	V	Α	20190-4951		12 0			100.00	
				Registra	ation Num	ber, 11 PA	C		
Kathryn Pendergast Wolf Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.)							ale ako l		
1876 Severn Grove Road	Employe	a/Occupa	mon/Lauoi Organizanon				Form (Cash, Check, etc.)		
City		ate	Zip Code	M	D	Y	Check Amount	-	
Annapolis	M	l D	21401-2934	1 0	,	0 6	Amount	200.00	
Full Name of Contributor	1 1/1	ט	21401-2554					200.00	
Full Name of Contributor Registration Number, if PAC Ricky C. Belknap									
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
388 E. Jenkins Avenue		_					Com (Casa, Cas	, 6.0./	
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	o	Н	43207	110	1 6	٠. ١		40.00	
Full Name of Contributor					tion Numl		C	10.00	
Lynette Goldberg									
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
2323 Brookwood Road							Check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	0	H	43209	1 0	1 6	0 6		35.00	
Full Name of Contributor				Registra	tion Numb	er, if PAG	C		
Margaret H. Graff									
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			k, etc.)					
3167 Fairbury Lane	<u> </u>						Check		
City	Sta	ate	Zip Code	M	D	Y	Amount		
Fairfax	V	Α	22031	0 8				50.00	
Full Name of Contributor Registration Number, if PAC									
Edward A. Steigerwald									
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
1287 Bosworth Sq. S.			m of	1			Check		
Colombia	Sta		Zip Code 4220	M	D		Amount	100.00	
Columbus mired for contributions from individuals over \$100 to statewide and general	O	Н	43229-1329	0 8	20	0 6	ame of the	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 \$	1,125.00