

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Lori Trent							
Full Name of Contributor Kevin J. Kowalski						Registration Number, if PAC	
Street Address 2621 Leos Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 10	D 06	Y 11	Amount \$200.00	
Full Name of Contributor Edward F. Feighan						Registration Number, if PAC	
Street Address 845 N. High St. #504			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 10	D 05	Y 11	Amount \$50.00	
Full Name of Contributor Corrie H. Smallwood						Registration Number, if PAC	
Street Address 4121 Edgehill Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 10	D 02	Y 11	Amount \$40.00	
Full Name of Contributor Equality Ohio Campaign Fund						Registration Number, if PAC	
Street Address 550 E. Walnut Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 10	D 06	Y 11	Amount \$50.00	
Full Name of Contributor Gregory W. Stype						Registration Number, if PAC	
Street Address 2232 Tremont Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 10	D 10	Y 11	Amount \$100.00	
Full Name of Contributor Deborah Olen Stype						Registration Number, if PAC	
Street Address 2232 Tremont Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 10	D 10	Y 11	Amount \$100.00	
Full Name of Contributor Barbara S. Lichtblau						Registration Number, if PAC	
Street Address 1210 Carron Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 10	D 11	Y 11	Amount \$50.00	
Full Name of Contributor Steven H. Lichtblau						Registration Number, if PAC	
Street Address 1210 Carron Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 10	D 11	Y 11	Amount \$50.00	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ 640.00