Page <u>15</u>
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee to Elect Sue Ralph							
Full Name of Contributor			n	-45 - NT	1 - :512.4		
Kathryn A. Koblentz			Registra	ation Nun	iber, if PA		
Street Address	Employer/Occi	pation/Labor Organization*		_		Form (Cash, Check, etc.)	
2205 Fairfax Rd.	Employen/occi	spanion Labor Organization					
City	State	Zip Code	- T 14	1 5	1 7/	Check	
Upper Arlington	O	Y -	M	D	Y	Amount	
Full Name of Contributor	10 11	43221			16		
Joan Dugger			Registra	ation Nun	iber, ii PA		
Street Address	Employar/Oag	ipation/Labor Organization*				F. (0.1.0)	
1788 Coventry Rd.	Employer/Occi	ipadon/cabor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	T 34	T 5	T 37	Check	
Columbus			M	D	Y	Amount	
Full Name of Contributor	IOIH	43212			1 6		
Friedrich K. Bohn							
Street Address							
_ 1260 McCoy Rd.	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	- C	7. 0. 1		1 -	T	Check	
Columbus	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	O H	43220			1 6		
i di i vane di Condiditoji			Registra	ation Nun	ber, if PA	.C	
treet Address Employer/Occupation/Labor Organization*						F (C   C   ( )	
	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
		Lip Code	141		1 1	Amount	
Full Name of Contributor		<u> </u>	Pouriates	tion Non	l icha		
Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor			Registra	tion Num	har if PA		
Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
t of the (Casis, Check, etc.)							
City	State	Zîp Code	М	D	Y	Amount	
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Full Name of Contributor			Registra	tion Num	ber, if PA		
			, and the second				
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
poly as a supposed a supposed and a supposed						Sim (Sasa, Check, Sto.)	
City	State	Zip Code	М	D	Y	Amount	
				ĺ			
Full Name of Contributor Registration Number, if PAG							
Association Painted, B 170							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount	
	1 1	-					
equired for contributions from individuals over \$100 to statewide and	<del></del>			<u> </u>	1 1		

\* 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 \$ 250.00