

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor Greta J. Russell							Registration Number, if PAC		
Street Address 674 Bellamy Place				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43213		M 0		D 6	
						Y 1005		Amount 100	
Full Name of Contributor Adam Flatto							Registration Number, if PAC		
Street Address 126 East 64th Street, Apt. #8-E				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New York		State NY		Zip Code 10021		M 0		D 6	
						Y 1005		Amount 2,000	
Full Name of Contributor Central Ohio Reaktors PAC							Registration Number, if PAC		
Street Address 2700 Airport Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43219		M 0		D 6	
						Y 1005		Amount 1,000	
Full Name of Contributor Call & Post (refund)							Registration Number, if PAC		
Street Address 11800 Shaker Blvd.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Cleveland		State OH		Zip Code 44120		M 0		D 8	
						Y 1005		Amount 875.22	
Full Name of Contributor Columbus/Central Ohio Building PAC							Registration Number, if PAC		
Street Address 555 East Rich Street, #217				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M 0		D 8	
						Y 1005		Amount 500	
Full Name of Contributor Rosetta Hayes							Registration Number, if PAC		
Street Address 1418 Brice Road				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 8	
						Y 1005		Amount 100	
Full Name of Contributor Thomas M. Isaacs							Registration Number, if PAC		
Street Address 1197 Three Forks Drive South				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43081		M 0		D 8	
						Y 1006		Amount 100	
Full Name of Contributor Dale Bridges							Registration Number, if PAC		
Street Address 2272 Somersworth Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus		State OH		Zip Code		M 0		D 8	
						Y 1006		Amount 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 also appear. [R.C. 3517.10(B)(4)]