

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Troy D. Markham							
Full Name of Contributor Ronald A. Robins						Registration Number, if PAC	
Street Address 160 S. Merkle Rd			Employer/Occupation/Labor Organization* Ron Robins Realtor			Form (Cash, Check, etc.) check	
City Bexley		State OH	Zip Code 43209		M 08	D 21	Y 15
						Amount 250.00	
Full Name of Contributor Kathy Watts						Registration Number, if PAC	
Street Address 152 Rodman Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Norfolk		State VA	Zip Code 23503		M 08	D 23	Y 15
						Amount 100.00	
Full Name of Contributor Michelle Anderson						Registration Number, if PAC	
Street Address 835 Beech Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43235		M 08	D 25	Y 15
						Amount 50.00	
Full Name of Contributor Ron Hager						Registration Number, if PAC	
Street Address 5003 Birch Grove Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Grove City		State OH	Zip Code		M 1	D 1	Y 1
						Amount 100.00	
Full Name of Contributor Holly Stein						Registration Number, if PAC	
Street Address 3455 E. Broad St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus		State OH	Zip Code 43213		M 1	D 1	Y 1
						Amount 50.00	
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M 09	D 11	Y 15
						Amount 340.00	
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code		M 09	D 10	Y 15
						Amount 715.00	
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
						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)]