

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full People for Page							
Full Name of Contributor Clyde Hadden					Registration Number, if PAC		
Street Address 8151 Mentor Avenue		Employer/Occupation/Labor Organization* CT Consultants			Form (Cash, Check, etc.) check		
City Mentor	State O H	Zip Code 44060	M 1 0	D 2 2	Y 1 5	Amount 250.00	
Full Name of Contributor Kevin L. Boyce Committee					Registration Number, if PAC		
Street Address 471 East Broad Street		Employer/Occupation/Labor Organization* Politician			Form (Cash, Check, etc.)		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 0	Y 1 5	Amount 250.00	
Full Name of Contributor Lonnie Miles					Registration Number, if PAC		
Street Address P.O. Box 834		Employer/Occupation/Labor Organization* Miles-McClellan			Form (Cash, Check, etc.)		
City Worthington	State O H	Zip Code 43085	M 1 0	D 3 1	Y 1 5	Amount 5,000.00	
Full Name of Contributor Derrick Clay					Registration Number, if PAC		
Street Address 33 North Third Street		Employer/Occupation/Labor Organization* New Visions Group			Form (Cash, Check, etc.)		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 6	Y 1 5	Amount 150.00	
Full Name of Contributor Citizens for Stinziano					Registration Number, if PAC		
Street Address 550 E. Walnut Street		Employer/Occupation/Labor Organization* Politician			Form (Cash, Check, etc.)		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 6	Y 1 5	Amount 500.00	
Full Name of Contributor Janet Bogin					Registration Number, if PAC		
Street Address 1444 Millerdale Road		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1 0	D 1 2	Y 1 5	Amount 25.00	
Full Name of Contributor David Anderson					Registration Number, if PAC		
Street Address 125 Ashbourne Road		Employer/Occupation/Labor Organization* Realtor			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1 2	D 0 1	Y 1 5	Amount 100.00	
Full Name of Contributor Peter Cass					Registration Number, if PAC		
Street Address 305 Olentangy Street		Employer/Occupation/Labor Organization* City of Columbus			Form (Cash, Check, etc.)		
City Columbus	State O H	Zip Code 43202	M 1 0	D 2 8	Y 1 5	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **6,375.00**