Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Name of Committee in Full				
Committee to Elect Sue Ralph				
E. Ann Gabriel			Registration Number, if I	'AC
E. Ann Gabriei Street Address	Te 1 %			
2 Forest St.	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)
Z Forest St.				Check
•	State	Zip Code	M D Y	Amount
Athens Full Name of Contributor	O F	45701	10121	
			Registration Number, if I	PAC
Peter S. Walsh				
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)
4271 Woodhall Rd.				Check
City	State	Zip Code	M D Y	Amount
Columbus	_ O H	I 43220	101210	100.00
Full Name of Contributor			Registration Number, if I	
Elizabeth Ingram				
Street Address	Employer/Occ	upation/Labor Organization*	_ 	Form (Cash, Check, etc.)
2094 Edgemont Rd.				Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43212	1011216	250.00
Full Name of Contributor			Registration Number, if P	
Marjorie R. Bohl				
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)
1800 Riverside Dr., Apr. 3204				Check
City	State	Zip Code	M D Y	Amount
Columbus	OIH	1 -	1 0 1 5 1 6	
Full Name of Contributor		10212	Registration Number, if P	
Michael D. O'Sullivan			,	710
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
4229 Gavin Lane				Check
City	State	Zip Code	M D Y	Amount
Columbus	ОН			1
Full Name of Contributor		40220	1 0 1 5 1 6	
Elaine Buck				
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
3800 Tremont Rd.		parton Euror Organization		
City	State	Zip Code	M D Y	Check Amount
Columbus	O H	-		
Full Name of Contributor		40221	1 0 1 5 1 6 Registration Number, if P	
Rita D. Mizer			Registration Number, it is	AC
Street Address	Employer/Occi	ipation/Labor Organization*		In (0.1.0)
4304 Braunton Rd.	Cimpioyen	ipanom-capor Organización		Form (Cash, Check, etc.)
City	State	Zip Code	14 5 4	Check
Columbus		. 🕴	M D Y	Amount
Full Name of Contributor	ОН	43220	1 0 1 5 1 6	
William T. Mead			Registration Number, if P.	AC
Street Address	E(O	pation/Labor Organization*		
2257 Abington Rd.	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.)
City	G) .	7: 0 1		Check
Columbus	State	Zip Code	M D Y	Amount
Columbus	O H	43221	101516	25.00

* 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 \$ 900.00