

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Stephanie McCloud						
Full Name of Contributor Linda P. Harvey				Registration Number, if PAC		
Street Address 2594 Sandover Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43220	M 1	D 1	Y 0	Amount \$100.00
Full Name of Contributor Campaign for Working Families				Registration Number, if PAC C00325076		
Street Address 2800 S. Shirlington Rd., Ste. 930		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Arlington	State VA	Zip Code 22206	M 1	D 1	Y 0	Amount \$1,000.00
Full Name of Contributor Thomas Shields				Registration Number, if PAC		
Street Address 122 Hart Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Beverly Farms	State MA	Zip Code 01915	M 1	D 0	Y 3	Amount \$96.80
Full Name of Contributor Faith Bonniwell				Registration Number, if PAC		
Street Address 5471 Riverwalk Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) credit card	
City Kings Mills	State OH	Zip Code 45034	M 1	D 0	Y 3	Amount \$48.25
Full Name of Contributor Committee to Elect Phil Heimlich				Registration Number, if PAC		
Street Address 5909 Stewart Rd., Ste. 1		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Cincinnati	State OH	Zip Code 45227	M 1	D 1	Y 1	Amount \$250.00
Full Name of Contributor Joseph J. Platt				Registration Number, if PAC		
Street Address 4308 Hubble Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Cincinnati	State OH	Zip Code 45247	M 1	D 1	Y 1	Amount \$50.00
Full Name of Contributor Clint Cline				Registration Number, if PAC		
Street Address 4320 Strauss Rd.		Employer/Occupation/Labor Organization* 4Design, Inc.			Form (Cash, Check, etc.) credit card	
City Plant City	State FL	Zip Code 33566	M 1	D 1	Y 2	Amount \$500.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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)]

Page Total **\$2,045.05**