

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Rambon, Edu						
Full Name of Contributor Wanda Glover				Registration Number, if PAC		
Street Address 1957 Overlook Ridge Dr.		Employer/Occupation/Labor Organization*		Form (Cash, <input checked="" type="checkbox"/> Check, etc.) 1985		
City Columbus	State Oh	Zip Code 43219	M 0	D 9	Y 30	Amount 13 30-
Full Name of Contributor Dr + Mrs Lawrence Mixon				Registration Number, if PAC		
Street Address 3765 Walnut Creek Dr.		Employer/Occupation/Labor Organization*		Form (Cash, <input checked="" type="checkbox"/> Check, etc.) 3337		
City Columbus	State Oh	Zip Code 43224	M 1	D 0	Y 31	Amount 13 30-
Full Name of Contributor Valarie Cummings				Registration Number, if PAC		
Street Address 878 Tamara Dr. S.		Employer/Occupation/Labor Organization*		Form (Cash, <input checked="" type="checkbox"/> Check, etc.) 1156		
City Gahanna	State Oh	Zip Code 43230	M 1	D 0	Y 2	Amount 13 20-
Full Name of Contributor Performance Consulting Services				Registration Number, if PAC		
Street Address 131 Franklin Pk W.		Employer/Occupation/Labor Organization*		Form (Cash, <input checked="" type="checkbox"/> Check, etc.) 5175		
City Columbus	State Oh	Zip Code 43205	M 1	D 0	Y 2	Amount 13 100-
Full Name of Contributor De lores Howard				Registration Number, if PAC		
Street Address 706 Columbus Ave		Employer/Occupation/Labor Organization*		Form (Cash, <input checked="" type="checkbox"/> Check, etc.) 2079		
City Akron	State Oh	Zip Code 44306	M 1	D 0	Y 6	Amount 13 30.00
Full Name of Contributor Violet Fleweller				Registration Number, if PAC		
Street Address 2845 Scottwood Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 1117		
City Columbus	State Oh	Zip Code 43209	M 1	D 0	Y 10	Amount 13 100-
Full Name of Contributor Demetries Neely				Registration Number, if PAC		
Street Address 345 Farm Creek Dr		Employer/Occupation/Labor Organization*		Form (Cash, <input checked="" type="checkbox"/> Check, etc.) 1602		
City Gahanna	State Oh	Zip Code 43230	M 1	D 0	Y 10	Amount 13 25-
Full Name of Contributor Dapse A f some Turnaround Ohio PAC LA 1269				Registration Number, if PAC		
Street Address 6805 Oak Creet Dr		Employer/Occupation/Labor Organization* Labor Union		Form (Cash, <input checked="" type="checkbox"/> Check, etc.) 3923		
City Columbus	State Oh	Zip Code 43229	M 1	D 0	Y 8	Amount 13 3,000-

* 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)]