

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Donahey Committee												
Full Name of Contributor Karen Morrison						Registration Number, if PAC						
Street Address 7614 Lealand Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43235		M 0 8		D 1 5		Y 0 6		Amount 100.00
Full Name of Contributor Glenda Kouts						Registration Number, if PAC						
Street Address 1571 Sandringham Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43220		M 0 8		D 0 8		Y 0 6		Amount 25.00
Full Name of Contributor James Leroy Tonkinson Ruef						Registration Number, if PAC						
Street Address 154 E. Patterson Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43202-3029		M 0 8		D 0 8		Y 0 6		Amount 100.00
Full Name of Contributor Robert A. Garwood						Registration Number, if PAC						
Street Address 12 Creigmont Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Fairfield Glade		State T N		Zip Code 38558		M 0 8		D 0 7		Y 0 6		Amount 50.00
Full Name of Contributor Katherine Epler						Registration Number, if PAC						
Street Address 2409 Dover Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43209		M 0 8		D 0 9		Y 0 6		Amount 50.00
Full Name of Contributor Alton Brooks Parker						Registration Number, if PAC						
Street Address 822 Boscobel St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Nashville		State T N		Zip Code 37206		M 0 8		D 0 7		Y 0 6		Amount 50.00
Full Name of Contributor Carla J. Bell						Registration Number, if PAC						
Street Address 7007 Temperance Point St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Westerville		State O H		Zip Code 43082		M 0 8		D 0 8		Y 0 6		Amount 100.00
Full Name of Contributor Betty Jane Nichol						Registration Number, if PAC						
Street Address 5762 Southbridge Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43213		M 0 7		D 3 1		Y 0 6		Amount 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 \$ 500.00