

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor William D. Faith							Registration Number, if PAC		
Street Address 340 Clinton Heights Ave.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43202		M 0	D 6	Y 1	Y 0	Amount 150
Full Name of Contributor Douglas G. McMarlin							Registration Number, if PAC		
Street Address 386 Eastmoor Blvd.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43209		M 0	D 6	Y 1	Y 0	Amount 250
Full Name of Contributor Jo Anne St. Clair							Registration Number, if PAC		
Street Address 209 Olentangy Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43202		M 0	D 6	Y 1	Y 0	Amount 35
Full Name of Contributor Greta J. Russell							Registration Number, if PAC		
Street Address 674 Bellamy Place				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43213		M 0	D 6	Y 1	Y 0	Amount 100
Full Name of Contributor Adam Flatto							Registration Number, if PAC		
Street Address 136 E. 64th Street, Apt. #8-E				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New York		State NY	Zip Code 10021		M 0	D 6	Y 1	Y 0	Amount 2,000
Full Name of Contributor Central Ohio Realtors							Registration Number, if PAC		
Street Address 2700 Airport Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43219		M 0	D 6	Y 1	Y 0	Amount 1,000
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	
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 **\$3,535**