

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full UA FOR ACCOUNTABILITY													
Full Name of Contributor JOHN CONROY							Registration Number, if PAC						
Street Address 1440 MONTCAHN RD				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)						
City UA		State OH		Zip Code 43221		M 08		D 26		Y 16		Amount \$50	
Full Name of Contributor ALBERTA LINDSTROM							Registration Number, if PAC						
Street Address 3166 REDDING RD				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)						
City UA		State OH		Zip Code 43221		M 08		D 26		Y 16		Amount \$10	
Full Name of Contributor MELISSA BAKER							Registration Number, if PAC						
Street Address 2367 SOUTHWAY DR				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)						
City UA		State OH		Zip Code 43221		M 08		D 26		Y 16		Amount 100	
Full Name of Contributor SALLY YOUNG							Registration Number, if PAC						
Street Address 2260 CONARD VILLAGE DR				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)						
City UA		State OH		Zip Code 4322		M 08		D 26		Y 16		Amount 30	
Full Name of Contributor DEBBIE STEBLE							Registration Number, if PAC						
Street Address 2793 WICKLIFFE RD				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)						
City UA		State OH		Zip Code 43221		M 08		D 26		Y 16		Amount 30	
Full Name of Contributor CAROLINE JONES							Registration Number, if PAC						
Street Address 1945 MILDEN RD				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)						
City UA		State OH		Zip Code 43221		M 08		D 26		Y 16		Amount 10	
Full Name of Contributor ANONYMOUS							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)						
City UA		State OH		Zip Code 4322		M		D 16		Y		Amount 100	
Full Name of Contributor ANONYMOUS							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)						
City UA		State OH		Zip Code 4322		M		D 16		Y		Amount 25	

* 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)]

TOTAL PAGES 1-3 \$1,020

Page Total \$ **\$355**