

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Sue Ralph							
Full Name of Contributor Cheryl A. Zeiger					Registration Number, if PAC		
Street Address 7 Stongate Village Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1 0	D 0 3	Y 1 6	Amount 200.00	
Full Name of Contributor Brendan T. King					Registration Number, if PAC		
Street Address 3380 Tremont Rd., Ste. 110		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 0 6	Y 1 6	Amount 250.00	
Full Name of Contributor Mary Z. Milligan					Registration Number, if PAC		
Street Address 1275 Fountaine Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 0 6	Y 1 6	Amount 100.00	
Full Name of Contributor Lynn N. Ness					Registration Number, if PAC		
Street Address 3655 Waldo Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 0 6	Y 1 6	Amount 100.00	
Full Name of Contributor Gloria M. Heydlauff					Registration Number, if PAC		
Street Address 2390 Sheringham Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 0 6	Y 1 6	Amount 250.00	
Full Name of Contributor Stephen A. Rish					Registration Number, if PAC		
Street Address 4840 Mannboro Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 0 6	Y 1 6	Amount 50.00	
Full Name of Contributor Wilma B. Ford					Registration Number, if PAC		
Street Address 1390 London Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 1 0	D 0 6	Y 1 6	Amount 50.00	
Full Name of Contributor Dennis J. and Margaret L. Concilla					Registration Number, if PAC		
Street Address 4041 Fairfax Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 0 6	Y 1 6	Amount 100.00	

* 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)]