31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Donahey Committee								
Full Name of Contributor							Registration Number, if PAC	
Mark K. Rutkus								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
55 W. Oakland Ave., Apt. 2							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43201	05	01	06		100.00	
Full Name of Contributor							Registration Number, if PAC	
Debra J. Donahey								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7171 Charleton Ct.							Check	
City	State	Zip Code	M	D	Y		Amount	
Canal Winchester	OH	43110	05	03	06		100.00	
Full Name of Contributor							Registration Number, if PAC	
Dean C. Eyestone								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
244 E. Kossuth St.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43206	05	05	06		100.00	
Full Name of Contributor							Registration Number, if PAC	
Lynn M. Ogden								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3068 Woodbine Pl.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43202-1431	05	19	06		50.00	
Full Name of Contributor							Registration Number, if PAC	
Myron Shwartz								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2459 Stafford Pl.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	05	20	06		500.00	
Full Name of Contributor							Registration Number, if PAC	
Barbara E. Peacock								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7286 Snowberry Ln.							Check	
City	State	Zip Code	M	D	Y		Amount	
Canal Winchester	OH	43110	05	30	06		100.00	
Full Name of Contributor							Registration Number, if PAC	
Richard S. Donahey								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
495 S. High Street							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43215	06	01	06		500.00	
Full Name of Contributor							Registration Number, if PAC	
Carol N. Holley								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
26 Tanglewylde Ave.							Check	
City	State	Zip Code	M	D	Y		Amount	
Bronxville	NY	10708	06	09	06		1,000.00	

* 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 $ 2,450.00