Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Vorys Sater Seymour and Pease L	LP		Registration Number, it	PAC	
Street Address 52 East Gay Street	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43215	0 3 0 7 0 s	Amount \$500.00	
Full Name of Contributor Ronald A. Pizzuti			Registration Number, if	FPAC	
Street Address Two Miranova Place, Suite 800	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43215	0 3 0 7 0 t	Amount \$1,000.00	
Full Name of Contributor The Huntington Bancshares Incorporated PAC			Registration Number, if PAC C00165589		
Street Address 41 South High Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	$\begin{bmatrix} M & D & D \\ 0 & 3 & 0 & 7 & 0 \end{bmatrix}$	5 \$1,000.00	
Full Name of Contributor Chester Willcox & Saxbe			Registration Number, if #OH843	PAC .	
Street Address 65 East State Street, Suite 1000	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43215	0 3 0 7 0 E		
Full Name of Contributor The Columbus Group			Registration Number, if PAC OH1112		
Street Address 500 South Front Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	$\begin{bmatrix} 0^{\text{M}} & 3 & 0^{\text{D}} & 7 & 0^{\text{Y}} \end{bmatrix}$	Amount 5 \$1,000.00	
Full Name of Contributor Bricker & Eckler LLP				Registration Number, if PAC #OH821	
Street Address 100 South Third Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	0 ^M 3 0 ^D 7 0 ^Y 5	Amount \$500.00	
Full Name of Contributor		· ·	Registration Number, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor	<u> </u>	<u></u>	Registration Number, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	

Page Total \$4,500.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]