Page	7

Statement of Contributions Received

Prescribed by Secretary of State 3/05

			_				
Name of Committee in Full		•					
THE COMMITTEE TO ELECT DORK	IS FOR JUD	GE .					
Full Name of Contributor			Registra	Registration Number, if PAC			
HUNTER, CARNAHAN, SHOUB &	BYARD						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
3360 TREEMONT RD						CHECK 2521	
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	ОІН	43221	1019	1 8	0 6	35.00	
Full Name of Contributor	<u> </u>	10221			ber, if PA		
LABORERS INT'L UNION OF NA LO	CAT 423 P	AC			,	-	
Street Address		pation/Labor Organization*				Form (Cash, Check, etc.)	
620 ALUM CREEK DR.	Binpioyen cocup	ation Dator Organization				CHECK	
City	State	Zip Code	М	D	Y	Amount	
1 · ·		1 *		l.			
COLUMBUS	O H	43205		2 5		500.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
TIMOTHY THOMPSON							
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
114 MARRUS DR.	· · · · · · · · · · · · · · · · · · ·					PAYPAL	
City	State	Zip Code	M	D	Y	Amount	
GAHANNA	O H	43230	0 9	2 6	0 6	48.25	
Full Name of Contributor			Registra	tion Num	ber, if PA	C.	
GEORGE CHARLOT							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
4832 EQUESTRIAN CR.						CASH	
City	State	Zip Code	M	D	Y	Amount	
BOYNTON BEACH	F L	33436	1110	1 0	0 6	50.00	
Full Name of Contributor					ber, if PA		
SUZAN COGSWLL							
Street Address	Employer/Occur	pation/Labor Organization*		•		Form (Cash, Check, etc.)	
5422 FLAT HEAD CT.	' ' '	Ŭ				CHECK 4926	
City	State	Zip Code	М	D	Y	Amount	
GAHANNA	OH	43230	l .	10	I . I	100.00	
Full Name of Contributor	0 11	43230			ber, if PA		
			Registra	ilon Num	ibei, ii i A		
BILL HEDRICK	IF1/O					F(G1 Gh1+-)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
838 THURBER DRIVE WEST #22	- Grand	la: o i	137	T 5		CHECK 3609	
COLLINADA	State	Zip Code	M	D		Amount	
COLUMBUS	OH	43215			0 6		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
CONTRIBUTIONS FROM FORM 31-							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			$1 \mid 0$	0 9	0 6	528.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
CONTRIBUTIONS FROM FORM 31-	E						
Street Address		ation/Labor Organization*				Form (Cash, Check, etc.)	
	1						
City	State	Zip Code	М	D	Y	Amount	
			017	2 9	0 6	1,220.00	

Page Total \$	2,506,25
	<u> </u>

^{*} 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)]