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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				Regis	tratic	n Nun	ber, if PA	VC	
Nancy M. Long				, togic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.001, 11 1 7		
Street Address	Employer/	Occupa	ation/Labor Organization*					Form (Cash, Ch	ook ato
1516 Essex Rd.	12 ossibation ration of Buttration					Form (Cash, Check, etc.)			
City	Stat	·c	Zip Code	Тм	\neg	D	Y	Check	
Columbus		Η	43221	1 .	۸.			1	100.00
Full Name of Contributor	U	11	43221				1 6		100.00
Marilyn Pongonis				Kegis	папо	14(III	ioer, ii PA	ic	
Street Address	Employed Overside II 1 Overside II						E (C C		
2644 Andover Rd.	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	Stat		Zip Code	1 14			1 7/	Check	
Columbus		Н		M	۱,	D ale	Y	Amount	
Full Name of Contributor		11	43221	_	_	<u> 1 5</u>			50.00
John Bradley Britton				Regis	tratio	n Num	ber, if PA	ıC	
Street Address	Employer	000000	tion/Labor Organization*	<u>L</u>				1	
4504 Kipling Road	iomproyet/	Occupa	non/Labor Organization*					Form (Cash, Che	eck, etc.)
City	Stat		Zip Code	1	_			Check	
Columbus	1 - 1	Н	·	M		. D	Y	Amount	
Full Name of Contributor	0	11	43220	1		1 5			50.00
Susan Flaherty				Regist	tratio	n Num	ber, if PA	.C	
Street Address	E1/	O	(
4550 Summit Ridge Rd.	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City			le:					Check	
Columbus	State		Zip Code	М	1	D	Y	Amount	
Full Name of Contributor	0	Н	43220		_	<u> 1 5</u>	$1 \mid 6$		<u>5</u> 0.00
Paula D. White				Regist	tratio	n Num	ber, if PA	С	
Street Address						_			
	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
4561 Belrose Lane				_				Check	
	State		Zip Code	М		Đ	Υ	Amount	
Upper Arlington Full Name of Contributor	<u> </u>	H	43220	1	0]1	<u>1 5</u>	1 6		50.00
Flo Easton				Regist	ratio	n Num	ber, if PA	С	
FIO EASTOR Street Address	1								
***	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
4575 Oldbridge Dr.								_Check	
	State		Zip Code	M		D	Y	Amount	
Columbus Full Name of Contributor	<u> </u>	Н	43220	1 () 1	<u>1 8 </u>	1 6		100.00
				Regist	ratior	ı Numl	ber, if PA	C	-
Cynthia McGovern Street Address						_			
	Employer/0	Decupat	tion/Labor Organization*					Form (Cash, Che	ck, etc.)
2189 Partlow Dr.		,						Check	
•	State	- 1	Zip Code	M	- 1	Đ	Y	Amount	
Columbus Full Name of Contributor		Н	43220	1		<u>t 8</u>	1 6		<u>50.00</u>
Las ranc or Commonto				Regist	ration	ı Numl	ber, if PA	С	
Street Address	le i								
Onto Canal Cas	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City				_					
	State	·	Zip Code	М		D	Y	Amount	··
equired for contributions from individuals over \$100 to statewide and general	1 1								

required for 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 \$	450.00