

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 Nancy M. Long						Registration Number, if PAC				
Street Address 1516 Essex Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43221		M 1 0	D 1 5	Y 1 6	Amount 100.00
Full Name of Contributor Marilyn Pongonis						Registration Number, if PAC				
Street Address 2644 Andover Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43221		M 1 0	D 1 5	Y 1 6	Amount 50.00
Full Name of Contributor John Bradley Britton						Registration Number, if PAC				
Street Address 4504 Kipling Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43220		M 1 0	D 1 5	Y 1 6	Amount 50.00
Full Name of Contributor Susan Flaherty						Registration Number, if PAC				
Street Address 4550 Summit Ridge Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43220		M 1 0	D 1 5	Y 1 6	Amount 50.00
Full Name of Contributor Paula D. White						Registration Number, if PAC				
Street Address 4561 Belrose Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Upper Arlington			State O H		Zip Code 43220		M 1 0	D 1 5	Y 1 6	Amount 50.00
Full Name of Contributor Flo Easton						Registration Number, if PAC				
Street Address 4575 Oldbridge Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43220		M 1 0	D 1 8	Y 1 6	Amount 100.00
Full Name of Contributor Cynthia McGovern						Registration Number, if PAC				
Street Address 2189 Partlow Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus			State O H		Zip Code 43220		M 1 0	D 1 8	Y 1 6	Amount 50.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount

* 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)]