

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Clewton Thomas							
Full Name of Contributor Milton D. Baughman						Registration Number, if PAC	
Street Address 269 Ashbourne Pl		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Columbus	State OH	Zip Code 43209-1460	M 10	D 08	Y 07	Amount 25.00	
Full Name of Contributor Robert : Linda Balthaser						Registration Number, if PAC	
Street Address 1110 Venetian Way		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Gahanna	State OH	Zip Code 43230	M 10	D 07	Y 07	Amount 50.00	
Full Name of Contributor John G. Hock						Registration Number, if PAC	
Street Address 442 Buckingham Ln		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Lancaster	State OH	Zip Code 43130	M 10	D 07	Y 07	Amount 100.00	
Full Name of Contributor William J. Carter						Registration Number, if PAC	
Street Address 7298 Poppy Hills Ct		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Blacklick	State OH	Zip Code 43004	M 10	D 09	Y 07	Amount 100.00	
Full Name of Contributor James H. Hyland III						Registration Number, if PAC	
Street Address 7650 Wills Run Ln		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Blacklick	State OH	Zip Code 43004	M 10	D 09	Y 07	Amount 50.00	
Full Name of Contributor Michael : Marcia Childs						Registration Number, if PAC	
Street Address 1398 Haybrook Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Gahanna	State OH	Zip Code 43230	M 10	D 08	Y 07	Amount 50.00	
Full Name of Contributor Ronnie R. OR Lavita V. Stokes						Registration Number, if PAC	
Street Address 256 Winfall Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Gahanna	State OH	Zip Code 43230 - 6204	M 10	D 09	Y 07	Amount 75.00	
Full Name of Contributor William J : Maureen S. Dolan						Registration Number, if PAC	
Street Address 3059 Spruceview Ct		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CH	
City Columbus	State OH	Zip Code 43231 - 3148	M 10	D 09	Y 07	Amount 50.00	

* 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)]

Page Total **500.00**

RUNNING TOTAL **2600.00**