31-A								
R	C	3517	10					

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				Registration Number, if PA				
Nancy Donaldson								
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2381 Onandago Rd.							Check	
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43221	1 0	2 9	1 6		25.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	c _		
Alice Finley								
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)	
3406 Colchester Rd.						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43221	1111	01	1 6		50.00	
Full Name of Contributor				Registration Number, if PAC				
Pamela Lewis								
		nployer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)	
126 Saint Andre St.							Check	
City	State	Zip Code	М	D	Y	Amount		
Worthington	ОН	43085	111	0 1	1 6		25.00	
Full Name of Contributor					ber, if PA	С		
Susan Dunlop Potts			i					
Street Address				_		Form (Cash, Che	ck, etc.)	
1149 Millcreek Ln.	Millcreek I.n					Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43220	1111	015	1 6		50.00	
Full Name of Contributor			Registrat		ber, if PA	C		
Kelly King								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2576 Coventry Rd.						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43221	1111	114	16	İ	250.00	
Full Name of Contributor				tion Num	ber, if PA	č		
Ida Copenhaver								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2448 Edington Rd.							Check	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OIH	43221	1 2	018	1 6	1	45.00	
Full Name of Contributor					ber, if PA	С		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
	Employer Steamment States							
City	State	Zip Code	М	D	Y	Amount		
		1			1 1			
Full Name of Contributor Registration Number, if F						C		
Tan Pane O. Commono.								
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*			· ·	Form (Cash, Che	eck, etc.)	
	in reaction of the second of t							
City	State	Zip Code	М	Đ	Y	Amount		
		'						
			- 1- 1	1	and the n	oma of the		

* 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)]

Page Total \$ 445.00