Statement of Contributions Received

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| Page | <u>.</u> | |
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Prescribed by Secretary of State 03/05

| Name of Committee in Full Central Ohio Realtors Politica | al Action Committee | | | | | | | |
|---|---------------------------------------|---|-----------------------------|-----------------------------|-----------------------------|--------------------------|--|--|
| Full Name of Contributor 40-Page computer listing of contributions received is attached | | | Registration Number, if PAC | | | | | |
| Street Address for use in 2015 | | Employer/Occupation/Labor Organization | | | | | | |
| City | Stake OH | Zip Code | М | D | Y | Amount \$20,262.00 | | |
| Full Name of Contributor | | | Registr | ation Nur | nber, if | PAC | | |
| Street Address | Employer/Occu | apation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| City | Stake OH | Zip Code | М | D | Y | Amount | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | |
| Street Address | Employer/Occu | ipation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| City | Stake OH | Zip Code | M | D | Y | Amount | | |
| Full Name of Contributor | | Registr | Registration Number, if PAC | | | | | |
| Street Address | Employer/Occu | apation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | М | D | Y | Amount | | |
| Full Name of Contributor | , , , , , , , , , , , , , , , , , , , | | Registr | ation Nur | nber, if I | PAC | | |
| Street Address | Employer/Occu | apation/Labor Organization | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | М | D | Y | Amount | | |
| Full Name of Contributor | Registration Number, if PAC | | | | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | | | |
| City | State OH | Zip Code | M | D | Y | Amount | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization | | | | | | |
| City | State OH | Zip Code | M | | M | Amount | | |
| Full Name of Contributor | | | Registr | ration Nur | nber, if I | PAC | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| City | Stake OH | Zip Code | M | D | Y | Amount | | |

Page Total \$20,262.00

^{*} 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)]