

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY BOARD OF ELECTIONS  
 06 JUN - 9 PM 12:28  
 FILED

Full Name of Committee <b>Donahey Committee</b>		Registration Number, if PAC <b>01-0863943</b>	
Full Name of Candidate <b>Albert N. Donahey</b>			
Street Address <b>7171 Charleton Ct.</b>		Office Sought <b>County Auditor</b>	District <b>Franklin</b>
City <b>Canal Winchester</b>		State <b>O H</b>	Zip Code <b>43110</b>
Date of Report (fill in with date on report)	Pre-Primary	<b>X</b>	Post-Primary
	July		August
Period of Report (fill in with date on report)	Monthly		Monthly
			September
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Date of Election	
		M	D
		1 1	0 7 0 6

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 0.00
2. Periodic primary contributions (from form No. 31-A)	\$ 2,450.00
3. Total other primary (from form No. 31-A-2)	\$ 101,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 103,450.00
5. Periodic primary contributions (from form No. 31-B)	\$ 25.00
6. Balance on hand (line 4 minus line 5)	\$ 103,425.00
7. Value of in-kind contributions received (from form No. 31-C-1)	\$
8. Value of in-kind contributions received (from form No. 31-C-2)	\$
9. Outstanding debts owed by committee (from form No. 31-C)	\$ 101,000.00
10. Outstanding debts owed by committee (from form No. 31-D)	\$
11. Outstanding loan owed the committee (from form No. 31-E)	\$
12. Value of undeposited contributions (from form No. 31-F)	\$
13. Post-election filing fee (if any)	\$
Sum of lines 2, 3 and line 6 or any other source(s) of funds raised	\$

**THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**

**Debra J. Donahey, Deputy Treasurer**  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Albert N. Donahey*  
Signature

**6/9/06**  
Date

Contribution  
pages 1

Expenditure  
pages 1

Other  
pages 3

Total  
pages 5

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Donahey Committee</b>									
Full Name of Contributor <b>Mark K. Rutkus</b>						Registration Number, if PAC			
Street Address <b>55 W. Oakland Ave., Apt. 2</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43201</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Debra J. Donahey</b>						Registration Number, if PAC			
Street Address <b>7171 Charleton Ct.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>		State <b>O   H</b>		Zip Code <b>43110</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Dean C. Eyestone</b>						Registration Number, if PAC			
Street Address <b>244 E. Kossuth St.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43206</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Lynn M. Ogden</b>						Registration Number, if PAC			
Street Address <b>3068 Woodbine Pl.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43202-1431</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Myron Shwartz</b>						Registration Number, if PAC			
Street Address <b>2459 Stafford Pl.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43209</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Barbara E. Peacock</b>						Registration Number, if PAC			
Street Address <b>7286 Snowberry Ln.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Canal Winchester</b>		State <b>O   H</b>		Zip Code <b>43110</b>		M <b>0</b>	D <b>5</b>	Y <b>0</b>	Amount <b>100.00</b>
Full Name of Contributor <b>Richard S. Donahey</b>						Registration Number, if PAC			
Street Address <b>495 S. High Street</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0</b>	D <b>6</b>	Y <b>0</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Carol N. Holley</b>						Registration Number, if PAC			
Street Address <b>26 Tanglewylde Ave.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Bronxville</b>		State <b>N   Y</b>		Zip Code <b>10708</b>		M <b>0</b>	D <b>6</b>	Y <b>0</b>	Amount <b>1,000.00</b>

\* 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)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Donahey Committee</b>												
To Whom Paid <b>Smyrna Missionary Baptist Church</b>						M	D	Y	Amount			
						0	5	2	7	0	6	25.00
Address <b>1650 Wilson Avenue</b>				Purpose <b>Contribution</b>								
City <b>Columbus</b>		State <b>O</b>   <b>H</b>		Zip Code <b>43207</b>		Check Number <b>101</b>						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Donahey Committee</b>										
From Whom Received <b>Albert N. Donahey</b>						Prior Amount <b>0.00</b>		Amt. Incurred this Period <b>52,000.00</b>		
Address <b>7171 Charleton Ct.</b>								Outstanding Balance <b>52,000.00</b>		
City <b>Canal Winchester</b>		State <b>O   H</b>	Zip Code <b>43110</b>		Loans Received This Period Date			Payments This Period Date		
					Amount			Amount		
Date loan was originally incurred		M   D   Y	M   D   Y		\$			\$		
		0   6   0   9   0   6	0   6   0   9   0   6		52,000.00					
Registration Number, if PAC						M   D   Y		M   D   Y		
Employer/Occupation/Labor Organization*						M   D   Y		M   D   Y		
From Whom Received <b>Carol N. Holley</b>						Prior Amount <b>0.00</b>		Amt. Incurred this Period <b>49,000.00</b>		
Address <b>26 Tanglewylde Ave.</b>								Outstanding Balance <b>49,000.00</b>		
City <b>Bronxville</b>		State <b>N   Y</b>	Zip Code <b>10708</b>		Loans Received This Period Date			Payments This Period Date		
					Amount			Amount		
Date loan was originally incurred		M   D   Y	M   D   Y		\$			\$		
		0   6   0   9   0   6	0   6   0   9   0   6		49,000.00					
Registration Number, if PAC						M   D   Y		M   D   Y		
Employer/Occupation/Labor Organization*						M   D   Y		M   D   Y		
From Whom Received						Prior Amount		Amt. Incurred this Period		
Address								Outstanding Balance		
City		State	Zip Code		Loans Received This Period Date			Payments This Period Date		
					Amount			Amount		
Date loan was originally incurred		M   D   Y	M   D   Y		\$			\$		
Registration Number, if PAC						M   D   Y		M   D   Y		
Employer/Occupation/Labor Organization*						M   D   Y		M   D   Y		

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 101,000.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 101,000.00 (To Form No. 30-A)

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Donahey Committee</b>						Registration Number, if PAC		
Full Name <b>Albert N. Donahey</b>						Registration Number, if PAC		
Address <b>7171 Charleton Ct.</b>			Type* <b>L   N</b>		M   D   Y <b>0   6   0   9   0   6</b>			Amount <b>52,000.00</b>
City <b>Canal Winchester</b>		State <b>O   H</b>		Zip Code <b>43110</b>		Form(Cash,Check,etc) <b>Check</b>		
Full Name <b>Carol N. Holley</b>						Registration Number, if PAC		
Address <b>26 Tanglewylde Ave.</b>			Type* <b>L   N</b>		M   D   Y <b>0   6   0   9   0   6</b>			Amount <b>49,000.00</b>
City <b>Bronxville</b>		State <b>N   Y</b>		Zip Code <b>10708</b>		Form(Cash,Check,etc) <b>Check</b>		
Full Name						Registration Number, if PAC		
Address			Type*		M   D   Y			Amount
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address			Type*		M   D   Y			Amount
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address			Type*		M   D   Y			Amount
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address			Type*		M   D   Y			Amount
City		State		Zip Code		Form(Cash,Check,etc)		
Full Name						Registration Number, if PAC		
Address			Type*		M   D   Y			Amount
City		State		Zip Code		Form(Cash,Check,etc)		

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.