

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

06 OCT 26 PM 3: 03

Full Name of Committee Donahey Committee						Registration Number, if PAC 01-0863943		
Full Name of Candidate Albert N. Donahey								
Street Address 7171 Charleton Ct.				Office Sought County Auditor		District Franklin		
City Canal Winchester						State O H	Zip Code 43110	
Type of report (Place X in the left column)	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
	July Monthly		August Monthly		September Monthly		Termination	2006 Semiannual
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 1 1	D 0 7	Y 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	\$ 103,425.00
2. Total non-cash contributions (from forms 36, 36A, 37)	\$ 2,820.00
3. Total cash income (from forms 36, 36A, 37)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 106,245.00
5. Total non-cash expenditures (from forms 36, 36A, 37)	\$ 104,911.66
6. Balance on hand (line 4 minus line 5)	\$ 1,333.34
7. Value of in-kind contributions received (from forms 36, 36A)	\$ 490.11
8. Value of in-kind contributions made (from forms 36, 36A)	\$
9. Outstanding loans owed by committee (from form 36)	\$
10. Outstanding loans owed by committee (from form 36)	\$
11. Outstanding loans owed by committee (from form 36)	\$
12. Value of in-kind contributions and expenses (from forms 36, 36A)	\$
13. Total net campaign finance liability	\$
14. Total net campaign finance liability (carry over from last report)	\$

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)

Debra J. Donahey
Signature

10/26/06
Date

Contribution
pages 7

Expenditure
pages 2

Other
pages 1

Total
pages 11

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Donahey Committee							
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			1	0	1	5	0
			6			450.00	
Full Name of Contributor Onda, LaBuhn, Rankin & Boggs Co., LPA						Registration Number, if PAC	
Street Address 266 North Fourth Street, Suite 100			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215-2511	M 0	D 9	Y 2	Amount 7	
			0	6		150.00	
Full Name of Contributor Melinda L. Donahey						Registration Number, if PAC	
Street Address 1663 Parkcrest Cir., Apt. 200			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reston	State V A	Zip Code 20190-4951	M 1	D 0	Y 2	Amount 0	
			1	0	6	100.00	
Full Name of Contributor Kathryn Pendergast Wolf						Registration Number, if PAC	
Street Address 1876 Severn Grove Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Annapolis	State M D	Zip Code 21401-2934	M 1	D 0	Y 2	Amount 3	
			0	6		200.00	
Full Name of Contributor Ricky C. Belknap						Registration Number, if PAC	
Street Address 388 E. Jenkins Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City Columbus	State O H	Zip Code 43207	M 1	D 0	Y 1	Amount 6	
			1	6	6	40.00	
Full Name of Contributor Lynette Goldberg						Registration Number, if PAC	
Street Address 2323 Brookwood Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43209	M 1	D 0	Y 1	Amount 6	
			1	6	6	35.00	
Full Name of Contributor Margaret H. Graff						Registration Number, if PAC	
Street Address 3167 Fairbury Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Fairfax	State V A	Zip Code 22031	M 0	D 8	Y 2	Amount 8	
			0	6	6	50.00	
Full Name of Contributor Edward A. Steigerwald						Registration Number, if PAC	
Street Address 1287 Bosworth Sq. S.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43229-1329	M 0	D 8	Y 2	Amount 0	
			6	6	6	100.00	

* 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 appear. [R.C. 3517.10(B)(4)]

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Name of Committee in Full Donahey Committee						
Full Name of Contributor Pamela H. Glasgow				Registration Number, if PAC		
Street Address 892 Montrose Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State O H	Zip Code 43209	M 0 8	D 2 1	Y 0 6	Amount 25.00
Full Name of Contributor Francine I. Jacobs				Registration Number, if PAC		
Street Address 5050 Thornhill Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0 8	D 2 1	Y 0 6	Amount 100.00
Full Name of Contributor Jeanne S. Donahey				Registration Number, if PAC		
Street Address 582 La Jardin		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Edgewater	State F L	Zip Code 32141-7609	M 0 8	D 2 4	Y 0 6	Amount 200.00
Full Name of Contributor James W. Wheaton				Registration Number, if PAC		
Street Address 8399 Fairway Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43235	M 0 8	D 2 4	Y 0 6	Amount 50.00
Full Name of Contributor Gerald S. Jacobs				Registration Number, if PAC		
Street Address 5050 Thornhill Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0 8	D 2 4	Y 0 6	Amount 100.00
Full Name of Contributor Ruth Styche				Registration Number, if PAC		
Street Address 1630 Columbus Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Granville	State O H	Zip Code 43023	M 0 8	D 1 1	Y 0 6	Amount 100.00
Full Name of Contributor Roslyn Pariser				Registration Number, if PAC		
Street Address 1620 E. Broad Street, Apt. 1605		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43203-2036	M 0 8	D 1 1	Y 0 6	Amount 25.00
Full Name of Contributor Edwin Holt				Registration Number, if PAC		
Street Address 804 Foster Hill		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Nashville	State T N	Zip Code 37215-2453	M 0 8	D 1 5	Y 0 6	Amount 50.00

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Name of Committee in Full Donahey Committee							
Full Name of Contributor Karen Morrison					Registration Number, if PAC		
Street Address 7614 Lealand Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0 8	D 1 5	Y 0 6	Amount 100.00	
Full Name of Contributor Glenda Kouts					Registration Number, if PAC		
Street Address 1571 Sandringham Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 8	D 0 8	Y 0 6	Amount 25.00	
Full Name of Contributor James Leroy Tonkinson Ruef					Registration Number, if PAC		
Street Address 154 E. Patterson Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43202-3029	M 0 8	D 0 8	Y 0 6	Amount 100.00	
Full Name of Contributor Robert A. Garwood					Registration Number, if PAC		
Street Address 12 Creigmont Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Fairfield Glade	State T N	Zip Code 38558	M 0 8	D 0 7	Y 0 6	Amount 50.00	
Full Name of Contributor Katherine Epler					Registration Number, if PAC		
Street Address 2409 Dover Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 8	D 0 9	Y 0 6	Amount 50.00	
Full Name of Contributor Alton Brooks Parker					Registration Number, if PAC		
Street Address 822 Boscobel St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Nashville	State T N	Zip Code 37206	M 0 8	D 0 7	Y 0 6	Amount 50.00	
Full Name of Contributor Carla J. Bell					Registration Number, if PAC		
Street Address 7007 Temperance Point St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0 8	D 0 8	Y 0 6	Amount 100.00	
Full Name of Contributor Betty Jane Nichol					Registration Number, if PAC		
Street Address 5762 Southbridge Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 7	D 3 1	Y 0 6	Amount 25.00	

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Name of Committee in Full Donahey Committee							
Full Name of Contributor Victoria D. Pendergast					Registration Number, if PAC		
Street Address 14A NE Isles Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City North East	State M D	Zip Code 21901-3100	M 0	D 7	Y 3 1	Amount 100.00	6 0 6
Full Name of Contributor Anne R. Robinson					Registration Number, if PAC		
Street Address 149 Halligan Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085-2613	M 0	D 7	Y 3 1	Amount 25.00	6 0 6
Full Name of Contributor Bettye R. Siemon					Registration Number, if PAC		
Street Address 516 Big Rock Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 7	Y 2 9	Amount 25.00	6 0 6
Full Name of Contributor Teamsters Local Union No. 413 Drive Fund					Registration Number, if PAC		
Street Address 555 East Rich St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 1 4	Amount 250.00	6 0 6
Full Name of Contributor Rhonda K. Zigler					Registration Number, if PAC		
Street Address 1223 Madison Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 1	D 0	Y 0 3	Amount 25.00	6 0 6
Full Name of Contributor Bruce Perry					Registration Number, if PAC		
Street Address 7181 Charleton Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 1	D 0	Y 0 7	Amount 25.00	6 0 6
Full Name of Contributor Rose Ann Nixon					Registration Number, if PAC		
Street Address 918 Francis Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1	D 0	Y 0 3	Amount 25.00	6 0 6
Full Name of Contributor Constance D. Brown					Registration Number, if PAC		
Street Address 7170 Charleton Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 1	D 0	Y 1 8	Amount 35.00	6 0 6

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Full Name of Contributor Edward J. Orlett					Registration Number, if PAC		
Street Address 1620 East Broad Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43203	M 1	D 0	Y 1 4 0 6	Amount 35.00	
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	
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	
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	
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	
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	
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	
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	

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