

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 Thomas S. Stewart					Registration Number, if PAC		
Street Address 1296 La Rochelle Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 2	Y 1 6	Amount 100.00	
Full Name of Contributor Don E. Cook					Registration Number, if PAC		
Street Address 1958 Marblecliff Crossing Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 1 0	D 1 2	Y 1 6	Amount 100.00	
Full Name of Contributor James J. Chester					Registration Number, if PAC		
Street Address 65 E. State Street, #1000		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 2	Y 1 6	Amount 50.00	
Full Name of Contributor Dianne P. Albrecht					Registration Number, if PAC		
Street Address 3990 Newhall Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 2	Y 1 6	Amount 100.00	
Full Name of Contributor Robert M. Taylor					Registration Number, if PAC		
Street Address 1141 Highland Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 1 0	D 1 2	Y 1 6	Amount 50.00	
Full Name of Contributor Frederick G. Cloppert, Jr.					Registration Number, if PAC		
Street Address 1940 Ridgeview Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 1 0	D 1 2	Y 1 6	Amount 100.00	
Full Name of Contributor William Gregory Guy					Registration Number, if PAC		
Street Address 5810 Shier Rings Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 1 0	D 1 2	Y 1 6	Amount 250.00	
Full Name of Contributor Lynn Ann Kelly					Registration Number, if PAC		
Street Address 2709 Wickliffe Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 2	Y 1 6	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 appear. [R.C. 3517.10(B)(4)]