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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N				,					
Name of Committee in Full Donahov Committee									
Donahey Committee Full Name of Contributor		·	Deniete	ation Nine	har if DA	6			
Edward J. Orlett			исяют	анон ичи	mber, if PA	aC			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)			
1620 East Broad Street	Linployer	фаноличання от Банизаціон				Check			
City City	State	Zip Code	М	D	Y	Amount			
Columbus	OH	1	1 0	1 .		35.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address	Employer/Occu	l			Form (Cash, Check, etc.)				
•									
City	State	Zip Code	М	D	Y	Amount			
•			1		1				
Full Name of Contributor	C								
-			<u> </u>						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
<u>-</u>									
City	State	Zip Code	М	D	Y	Amount			
L									
Full Name of Contributor		-	Registra	ation Nun	nber, if PA	С			
Louise Stanton									
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
5510 Canyon Rd., Apt. 1121		15. 7. 7	1 57	1	1 2,	Check			
City Pombrook	State	Zip Code	M	D	Y	Amount			
Benbrook Full Name of Contributor	TX	76126	0 9		0 6	50.00			
run Name of Controllor			Registra	mon Nun	nber, if PA	C			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
Succe Addition	Employer/Occu				Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount			
1			1			1 Milouin			
Full Name of Contributor		 	Registra	tion Nun	ober, if PA	C			
					,	•			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
					, , ,				
City	State	Zip Code	М	D	Y	Amount			
			1		1 1	!			
Full Name of Contributor	······································		Registra	tion Nun	ber, if PA	c			
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount			
Full Name of Contributor Registration Number, if PAC					C				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount			

* 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 \$ 85.00