## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Eddie Paul	line				
Full Name of Contributor Central Ohio Realtors Political Action Committee			Registration Number, if PAC		
Street Address 2700 Airport Drive	Employer/Occu	pation/Labor Organization <sup>*</sup>			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43219		o 5	Amount <b>\$1,000.00</b>
Full Name of Contributor  Chester Willcox & Saxbe Good Government Fund			Registration Number, if PAC OH843		
Street Address 65 E. State Street, Suite 1000	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code <b>43215</b>	0 9 2 3 (	0 5	Amount \$250.00
Full Name of Contributor  Stophon Cartwright			Registration Number, if PAC		
Street Address 17 S. High Street	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 0 4	o 5	Amount <b>\$50.00</b>
Full Name of Contributor  Andrew Shifflette			Registration Numb	er, if PA	.C
Street Address 8035 Storrow Drive	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)  Cash
City Westerville	State OH	Zip Code <b>43081</b>	1 0 0 1 C	) 5	Amount \$50.00
Full Name of Contributor Cheryl Lucks			Registration Numb	er, if PA	C
Street Address 152 N. Drexel Avenue	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code <b>43209</b>	5 6 2 9	0 <sup>Y</sup> 5	Amount <b>\$100.00</b>
Full Name of Contributor Harold T. Duryee	Registration Numb	Registration Number, if PAC			
Street Address 925 City Park Avenue	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	1 0 0 6 C	) 5	Amount <b>\$50.00</b>
Full Name of Contributor	Registration Number				.C
Street Address	Employer/Occu	npation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	M D	Y	Amount
Full Name of Contributor			Registration Numb	oer, if PA	C
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	M D	Y	Amount

Page Total \$1,500.00

<sup>\*</sup> 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)]