

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full        |  |       |  |                                         |  |                             |                          |   |  |   |  |
|----------------------------------|--|-------|--|-----------------------------------------|--|-----------------------------|--------------------------|---|--|---|--|
| Committee to Elect Bryan Steward |  |       |  |                                         |  |                             |                          |   |  |   |  |
| Full Name of Contributor         |  |       |  |                                         |  | Registration Number, if PAC |                          |   |  |   |  |
| Ardelia L Young                  |  |       |  |                                         |  |                             |                          |   |  |   |  |
| Street Address                   |  |       |  | Employer/Occupation/Labor Organization* |  |                             | Form (Cash, Check, etc.) |   |  |   |  |
| 5776 Blendonbrook Ln             |  |       |  |                                         |  |                             | check                    |   |  |   |  |
| City                             |  | State |  | Zip Code                                |  | M                           |                          | D |  | Y |  |
| Columbus                         |  | OH    |  | 43230                                   |  | 1                           |                          | 0 |  | 2 |  |
| Amount                           |  |       |  |                                         |  | 20                          |                          |   |  |   |  |
| Full Name of Contributor         |  |       |  |                                         |  | Registration Number, if PAC |                          |   |  |   |  |
| Lloyd Pierre-Louis               |  |       |  |                                         |  |                             |                          |   |  |   |  |
| Street Address                   |  |       |  | Employer/Occupation/Labor Organization* |  |                             | Form (Cash, Check, etc.) |   |  |   |  |
| 6227 Beringer Dr                 |  |       |  |                                         |  |                             | check                    |   |  |   |  |
| City                             |  | State |  | Zip Code                                |  | M                           |                          | D |  | Y |  |
| Westerville                      |  | OH    |  | 43082                                   |  | 1                           |                          | 1 |  | 0 |  |
| Amount                           |  |       |  |                                         |  | 100.-                       |                          |   |  |   |  |
| Full Name of Contributor         |  |       |  |                                         |  | Registration Number, if PAC |                          |   |  |   |  |
| Robert C Bannerman LLC           |  |       |  |                                         |  |                             |                          |   |  |   |  |
| Street Address                   |  |       |  | Employer/Occupation/Labor Organization* |  |                             | Form (Cash, Check, etc.) |   |  |   |  |
| P.O. Box 77466                   |  |       |  |                                         |  |                             | check                    |   |  |   |  |
| City                             |  | State |  | Zip Code                                |  | M                           |                          | D |  | Y |  |
| Columbus                         |  | OH    |  | 43207                                   |  | 1                           |                          | 0 |  | 3 |  |
| Amount                           |  |       |  |                                         |  | 20                          |                          |   |  |   |  |
| Full Name of Contributor         |  |       |  |                                         |  | Registration Number, if PAC |                          |   |  |   |  |
| Fred Wilkes                      |  |       |  |                                         |  |                             |                          |   |  |   |  |
| Street Address                   |  |       |  | Employer/Occupation/Labor Organization* |  |                             | Form (Cash, Check, etc.) |   |  |   |  |
| 2448 Pendue Ave                  |  |       |  |                                         |  |                             | check                    |   |  |   |  |
| City                             |  | State |  | Zip Code                                |  | M                           |                          | D |  | Y |  |
| Columbus OH                      |  | OH    |  | 43211                                   |  | 1                           |                          | 2 |  | 0 |  |
| Amount                           |  |       |  |                                         |  | 50.-                        |                          |   |  |   |  |
| Full Name of Contributor         |  |       |  |                                         |  | Registration Number, if PAC |                          |   |  |   |  |
| Alfred Thompson                  |  |       |  |                                         |  |                             |                          |   |  |   |  |
| Street Address                   |  |       |  | Employer/Occupation/Labor Organization* |  |                             | Form (Cash, Check, etc.) |   |  |   |  |
| 5161 Tyler Henry Dr              |  |       |  |                                         |  |                             | check                    |   |  |   |  |
| City                             |  | State |  | Zip Code                                |  | M                           |                          | D |  | Y |  |
| Canal Winchester                 |  | OH    |  | 43110                                   |  | 1                           |                          | 1 |  | 0 |  |
| Amount                           |  |       |  |                                         |  | 20.-                        |                          |   |  |   |  |
| Full Name of Contributor         |  |       |  |                                         |  | Registration Number, if PAC |                          |   |  |   |  |
| Marvyn McGowan                   |  |       |  |                                         |  |                             |                          |   |  |   |  |
| Street Address                   |  |       |  | Employer/Occupation/Labor Organization* |  |                             | Form (Cash, Check, etc.) |   |  |   |  |
| 2711 Glenshire Dr                |  |       |  |                                         |  |                             | check                    |   |  |   |  |
| City                             |  | State |  | Zip Code                                |  | M                           |                          | D |  | Y |  |
| Columbus                         |  | OH    |  | 43219                                   |  | 1                           |                          | 1 |  | 0 |  |
| Amount                           |  |       |  |                                         |  | 50.-                        |                          |   |  |   |  |
| Full Name of Contributor         |  |       |  |                                         |  | Registration Number, if PAC |                          |   |  |   |  |
| Marian McCoy                     |  |       |  |                                         |  |                             |                          |   |  |   |  |
| Street Address                   |  |       |  | Employer/Occupation/Labor Organization* |  |                             | Form (Cash, Check, etc.) |   |  |   |  |
| 3788 Denton Dr                   |  |       |  |                                         |  |                             | check                    |   |  |   |  |
| City                             |  | State |  | Zip Code                                |  | M                           |                          | D |  | Y |  |
| Columbus                         |  | OH    |  | 43227                                   |  | 1                           |                          | 1 |  | 0 |  |
| Amount                           |  |       |  |                                         |  | 50.-                        |                          |   |  |   |  |
| Full Name of Contributor         |  |       |  |                                         |  | Registration Number, if PAC |                          |   |  |   |  |
| Eric Carmichael                  |  |       |  |                                         |  |                             |                          |   |  |   |  |
| Street Address                   |  |       |  | Employer/Occupation/Labor Organization* |  |                             | Form (Cash, Check, etc.) |   |  |   |  |
| 1299 Brookwood Place             |  |       |  |                                         |  |                             | check                    |   |  |   |  |
| City                             |  | State |  | Zip Code                                |  | M                           |                          | D |  | Y |  |
| Columbus                         |  | OH    |  | 43209                                   |  | 1                           |                          | 1 |  | 0 |  |
| Amount                           |  |       |  |                                         |  | 100.-                       |                          |   |  |   |  |

\* 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)]

Page Total 410.-  
\$0.00