AUG. 4. 2009 4:01PM MONT. CO. BORD. /ELECTION NO. 1745 P. 2

30-A
R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee				Registration Number, if any
FRIENDS OF RHINE MCLIN				
Full Name of Candidate: MAYOR RHINE L. MCLIN				
Street Address: 1130 GERMANTOWN ST.		Office Sought: MAYOR		District
City: DAYTON			State: OH	Zip Code: 45408

Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	Pre-General	Post-General	Annual Year
	July Monthly	August Monthly	September Monthly	Termination	Semiannual

Amended Report? Yes No Report Electronically Filed? Yes No Date of Election M D Y

For candidates only, during an election year, if total contributions and expenditures ... [illegible]
No other forms are required for a post-primary or post-general period, if ... [illegible] See R.C. 3517.10(J) ... [illegible]

1. Amount brought forward from last report	$	$26,421.55
2. Total monetary contributions (From Form No. 31-A)	$	$51,862.57
3. Total other income (From Form No. 31-A-2)	$	
4. Total funds available (sum of lines 1, 2, 3)	$	$78,284.12
5. Total monetary expenditures (From Form No. 31-B)	$	$9,791.75
6. Balance on hand (line 4 minus line 5)	$	$68,492.37
7. Value of in-kind contributions received (From Form No. 31-J-1)	$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	$	
9. Outstanding loans owed by committee (From Form No. 31-C)	$	
10. Outstanding debts owed by committee (From Form No. 31-N)	$	
11. Outstanding loans owed to committee (From Form No. 31-K)	$	
12. Value of independent expenditures made (From Form No. 31-U)	$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	$	

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2009 JUL 31 PM 3:40

THE UNDERSIGNED ... [illegible] ... TRUE, CORRECT AND COMPLETE ... [illegible] ... PENALTY OF ELECTION FALSIFICATION ... [illegible]

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature: Joyce Harris Date: 7/31/09

Contribution pages	Expenditure pages	Other pages	Total pages 0

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R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

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
STUART ROSE		2875 NEEDMORE RD.		INTERNET	DAYTON	OH	45414	06	29	09	$1,941.70 (1941.70)
ANN HIGDON (Higdon)		[illegible] TAYWOOD RD. (6505 Taywood)		INTERNET	ENGLEWOOD.	OH	[illegible] (45322)	06	30	09	$485.20 (485.20)
KEVIN DUFFY		[illegible]17 VILLA WAY		INTERNET	MIAMISBURG	OH	45342	06	28	09	$0.67 (.67)
						OH					
						OH					
						OH					
						OH					
						OH					

* 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 $2,427.57

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full: FRIENDS OF RHINE MCLIN

To Whom Paid	Address	Purpose	City	State	Zip Code	Check Number	M	D	Y	Amount
STUART ROSE	2875 NEEDMORE RD.	PayPal FEE	DAYTON	OH	45414	INT.	06	28	09	$58.30
ANN HIGDON	6505 TAYWOOD RD.	PayPal FEE	ENGLEWOOD.	OH	45322	INT.	06	30	09	$14.80
KEVIN DUFFY	9517 VILLA WAY	PayPal FEE	MIAMISBURG	OH	45342	INT.	06	28	09	$0.33
				OH						
				OH						
				OH						
				OH						
				OH						

Page Total $73.43

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full
FRIENDS OF RHINE MCLIN

To Whom Paid	Address	City	State	Zip Code	Purpose	Check Number	M	D	Y	Amount
VERIZON WIRELESS	700 CRANBERRY WOODS DR.	CRANBERRY TWP.	PA	16066	CELL PHONE	2152	01	16	09	$262.79
VERIZON WIRELESS	700 CRANBERRY WOODS DR.	CRANBERRY TWP.	PA	16066	CELL PHONE	2153	02	17	09	$251.40
VERIZON WIRELESS	700 CRANBERRY WOODS DR.	CRANBERRY TWP.	PA	16066	CELL PHONE	2154	03	18	09	$128.89
VERIZON WIRELESS	700 CRANBERRY WOODS DR.	CRANBERRY TWP.	PA	16066	CELL PHONE	2155	04	16	09	$166.45
MONTGOMERY CTY. DEMOCRATIC PARTY	131 S. WILKERSON	DAYTON	OH	45402	PAYMENT ON CAMPAIGN	2157	04	17	09	$5,000.00
FRIENDS OF SHERROD BROWN	993 HAMPTON RIDGE	AKRON	OH	44313	DONATION	2158	05	21	09	$100.00
LEAGUE OF WOMEN VOTERS	131 N .LUDLOW ST.	DAYTON	OH	45402	DUES	2159	05	21	09	$60.00
DAYTON PRINTERY	P.O. BOX 13602	DAYTON	OH	45413	PRINTED ENVELOPES	2160	05	21	09	$496.48

Page Total $6,466.01

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full: FRIENDS OF RHINE MCLIN						
To Whom Paid: VERIZON WIRELESS				M: 0 5	D: 2 1	Y: 0 9 — Amount: $129.22
Address: 700 CRANBERRY WOODS DR.	Purpose: CELL PHONE					
City: CRANBERRY TWP.	State: PA	Zip Code: 16066	Check Number: 2161			
To Whom Paid: OHIO DEMOCRATIC PARTY				M: 0 5	D: 2 7	Y: 0 9 — Amount: $150.00
Address: 131 S. WILKERSON ST.	Purpose: TICKET					
City: DAYTON	State: OH	Zip Code: 45402	Check Number: 2162			
To Whom Paid: KIWANIS CLUB				M: 0 5	D: 2 7	Y: 0 9 — Amount: $30.00
Address: 40 S. PERRY ST. STE. 110	Purpose: DONATION					
City: DAYTON	State: OH	Zip Code: 45402	Check Number: 2163			
To Whom Paid: OHIO LEGISLATIVE BLACK CAUCUS				M: 0 5	D: 2 7	Y: 0 9 — Amount: $100.00
Address: 41 S. HIGH ST. HUNTINGTON CENTER	Purpose: DONATION					
City: COLUMBUS	State: OH	Zip Code: 43215	Check Number: 2164			
To Whom Paid: BIESER, GREER & LANDIS LLP				M: 0 5	D: 2 7	Y: 0 9 — Amount: $2,428.30
Address: 400 NATIONAL CITY CENTER 6 N. MAIN ST.	Purpose: ATTORNEY FEE'S					
City: DAYTON	State: OH	Zip Code: 45402	Check Number: 2165			
To Whom Paid: DA YTON WOMAN'S CLUB				M: 0 5	D: 2 7	Y: 0 9 — Amount: $310.00
Address: 225 N. LUDLOW ST.	Purpose: DUES					
City: DAYTON	State: OH	Zip Code: 45402	Check Number: 2168			
To Whom Paid: THE DAYTON JEWISH OBSERVER				M: 0 6	D: 0 4	Y: 0 9 — Amount: $49.00
Address: 35 W. FIRST ST.	Purpose: AD					
City: DAYTON	State: OH	Zip Code: 45402	Check Number: 2167			
To Whom Paid: VERIZON WIRELESS				M: 0 6	D: 2 4	Y: 0 9 — Amount: $129.22
Address: P.O BOX 25505	Purpose: CELL PHONE					
City: LEHIGH VALLEY	State: PA	Zip Code: 18002	Check Number: 2166			

Page Total $3,325.74

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

Full Name of Contributor	Street Address	City	Employer/Occupation/Labor Organization*	State	Zip Code	M	D	Y	Registration Number, if PAC	Form (Cash, Check, etc.)	Amount
VETEREN EMPLOYEES			PAC	OH					C00240069	100.00	
				OH							
				OH							
				OH							
				OH							
				OH							
				OH							
				OH							

* 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 $0.00

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R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

Full Name of Contributor	Street Address	City	State	Zip Code	Date (MDY)	Registration Number, if PAC	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	Amount
JAMES T. HARDY	405 W. GRAND AVE.	DAYTON	OH	45405	06 30 09			CHECK	250.00
ALYCE EARL-JENKINS	P.O.BOX 61	YELLOW SPRINGS	OH	45387	06 30 09			CHECK	150.00
GEORGE E. FOREST	4820 WILLOW MIST DR.	DAYTON	OH	45424	06 29 09			CHECK	100.00
ANDREW H. GABRIEL	2070 ASPEN RIDGE CT.	DAYTON	OH	45459	06 27 09			CHECK	150.00
MARK S. SHAKER	3573 SPRINGDALE DR.	DAYTON	OH	45419	06 26 09			CHECK	500.00
GERALD S. SHARKEY	436 E. MONTERAY AVE.	DAYTON	OH	45419	06 25 09			CHECK	25.00
WILMA W. RIGHTER	1512 CORY DR.	DAYTON	OH	45406	06 20 09			CHECK	100.00

1,275.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

Full Name of Contributor	Street Address	City	State	Zip Code	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Date (M M D D Y Y)	Form (Cash, Check, etc.)	Amount
TROY TYNER	1811 GRAND PORTAGE TRAIL	XENIA	OH	45385			06 18 09	CHECK	500.00
MARY A. MCDONALD	3687 MANDALAY DR.	TROTWOOD	OH	45416			06 14 09	CHECK	25.00
JOSEPH LITVIN	6460 NORANDA DR.	DAYTON	OH	45415			06 14 09	CHECK	25.00
SHIRLEY FREEMAN	1244 EVERETT DR.	DAYTON	OH	45402			06 12 09	MONEY O.	25.00
JUDY DODGE	998 MARYCREST LANE	DAYTON	OH	45429			06 11 09	CHECK	100.00
DERRICK L. FORWARD	4215 BREEZEWOOD AVE.	DAYTON	OH	45406			06 11 09	CHECK	50.00
SAMUEL J. DANIELS SR.	2266 BENSON DR.	DAYTON	OH	45406			06 10 09	CHECK	100.00

825.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

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
WILLIAM P. DEMORA		100 WARREN ST.		CHECK	COLUMBUS	OH	43215	06 09 09	500.00
THOMAS J. WAHLRAB		136 JONES ST.		CHECK	DAYTON	OH	45410	06 09 09	25.00
RICHARD F. GLENNON JR.		313 MOUND ST.		CHECK	DAYTON	OH	45402	06 08 09	100.00
J. MICHAEL HERR		114 RUE MARSEILLE		CHECK	KETTERING	OH	45429	06 08 09	150.00
TIMOTHY G. KAMBITSCH		74 GREEN ST.		CHECK	DAYTON	OH	45402	06 07 09	100.00
TIMOTHY A. OLS		3273 SETON HILL DR.		CHECK	BELLBROOK	OH	45305	06 06 09	250.00
THOMAS G. BREITENBACH		250 SOUTHVIEW RD.		CHECK	DAYTON	OH	45419	06 05 09	1,000.00

2,125.00

2,125.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full												
FRIENDS OF RHINE MCLIN												
Full Name of Contributor											Registration Number, if PAC	
KERY GRAY												
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
3243 RIDGE AVE.											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	OH	45414	0	6	0	5	0	9	50.00			
Full Name of Contributor											Registration Number, if PAC	
BARBARA J. MEADOWS												
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
4119 MIDWAY AVE.											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	OH	45417	0	6	0	5	0	9	25.00			
Full Name of Contributor											Registration Number, if PAC	
JEFFREY MIMS												
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
531 BELMONTE PARK N. #303											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	OH	45405	0	6	0	5	0	9	100.00			
Full Name of Contributor											Registration Number, if PAC	
LEON H. RIDLEY												
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
4077 FOREST RIDGE BLVD.											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	OH	45424	0	6	0	4	0	9	25.00			
Full Name of Contributor											Registration Number, if PAC	
PATRICK J. BONFIELD												
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
6403 COPPER PHEASANT DR.											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	OH	45424	0	6	0	4	0	9	200.00			
Full Name of Contributor											Registration Number, if PAC	
ELIZA B. WEBB												
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
3620 STONEY HOLLOW											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	OH	45418	0	6	0	3	0	9	25.00			
Full Name of Contributor											Registration Number, if PAC	
DAMON V. WOODS												
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
4949 DAYTON-LIBERTY RD.											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	OH	45418	0	6	0	3	0	9	25.00			
Full Name of Contributor											Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
											450.00	

450.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
FRIENDS OF RHINE MCLIN

Full Name of Contributor	Registration Number, if PAC							
MARCIA SHAW								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
128 HORACE ST.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DAYTON	O H	45402	0 6	0 3	0 9		100.00	
Full Name of Contributor	Registration Number, if PAC							
DOROTHY L. WEAVER								
Street Address	Employer/Occupation/Labor Orgmization*						Form (Cash, Check, etc.)	
2437 ARCHWOOD DR.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DAYTON	O H	45406	0 6	0 3	0 9		25.00	
Full Name of Contributor	Registration Number, if PAC							
ALFRED JARVIS								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1616 WESLEYAN RD.							MONEY O.	
City	State	Zip Code	M	D	Y		Amount	
DAYTON	O H	45406	0 6	0 2	0 9		100.00	
Full Name of Contributor	Registration Number, if PAC							
KARL KEITH								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
241 TOPTON DRIVE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
VANDALIA	O H	45377	0 6	0 2	0 9		100.00	
Full Name of Contributor	Registration Number, if PAC							
JAMES R. BURG								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1667 KIPLING DR.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DAYTON	O H	45406	0 6	0 1	0 9		25.00	
Full Name of Contributor	Registration Number, if PAC							
GARY L. LEROY M.D.								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
761 KENILWORTH AVE.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DAYTON	O H	45405	0 5	3 0	0 9		50.00	
Full Name of Contributor	Registration Number, if PAC							
JOAN MANTIL								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6040 MAD RIVER RD.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DAYTON	O H	45459	0 5	3 0	0 9		100.00	
Full Name of Contributor	Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
							500.00	

500.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full												
FRIENDS OF RHINE MCLIN												
Full Name of Contributor										Registration Number, if PAC		
THEODORE J. RANDALL												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
1335 AMHERST PLACE											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	O H	45406	0	5	3	0	0	9	100.00			
Full Name of Contributor										Registration Number, if PAC		
VALERIE N. DUNCAN												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
1401 ARBOR AVE.											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	O H	45420	0	5	2	9	0	9	100.00			
Full Name of Contributor										Registration Number, if PAC		
GREGORY WILLIAMS												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
2307 EMBURY PARK DR.											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	O H	45414	0	5	2	9	0	9	100.00			
Full Name of Contributor										Registration Number, if PAC		
GAIL S. ROWE												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
4860 THORAIN CT.											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	O H	45416	0	5	2	8	0	9	25.00			
Full Name of Contributor										Registration Number, if PAC		
GUY E. JONES												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
5813 TRULA PL.											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	O H	45415	0	5	2	8	0	9	50.00			
Full Name of Contributor										Registration Number, if PAC		
MARSHA E. GREER												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
1200 HARVARD BLVD.											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	O H	45406	0	5	2	8	0	9	25.00			
Full Name of Contributor										Registration Number, if PAC		
KURT T. STANIC												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
330 W. FIRST ST. #901											CHECK	
City	State	Zip Code	M		D		Y		Amount			
DAYTON	O H	45402	0	5	2	7	0	9	100.00			
Full Name of Contributor										Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
											500.00	

500.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

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
MARY JOSEPHINE MICKINS		1445 INFIRMARY RD.		CHECK	DAYTON	OH	45418	05	27	09	25.00
MATT JOSEPH		3838 BERRYWOOD DR.		CHECK	DAYTON	OH	45424	05	27	09	100.00
KAREN A. LEVIN		620 HEATHER DR.		CHECK	DAYTON	OH	45405	05	27	09	250.00
CHARLES R. MEADOWS		4218 GLENBROOK DR.		CHECK	DAYTON	OH	45406	05	27	09	50.00
RUBEN PAYNE		5943 LYNNAWAY DR.		CHECK	DAYTON	OH	45415	05	26	09	50.00
VECTREN EMPLOYEES		P.O. BOX 209		CHECK	EVANSVILLE	IN	47708	05	26	09	100.00
ROBERTA J. TOWELL		436 MAJESTIC DR.		CHECK	DAYTON	OH	45427	05	26	09	25.00
				600.00							

600.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full													
FRIENDS OF RHINE MCLIN													
Full Name of Contributor											Registration Number, if PAC		
LOLA P. MCGUIRE													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
1453 EARLHAM DR.												CHECK	
City	State	Zip Code	M		D		Y		Amount				
DAYTON	O H	45406	0	5	2	6	0	9	100.00				
Full Name of Contributor											Registration Number, if PAC		
BERNADETTE GERREN													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
842 OLYMPIAN CIRCLE												CHECK	
City	State	Zip Code	M		D		Y		Amount				
DAYTON	O H	45427	0	5	2	6	0	9	25.00				
Full Name of Contributor											Registration Number, if PAC		
RICHARD F. VENUS													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
7299 MOUNTAIN TRAIL												CHECK	
City	State	Zip Code	M		D		Y		Amount				
DAYTON	O H	45459	0	5	2	6	0	9	50.00				
Full Name of Contributor											Registration Number, if PAC		
DOROTHY F. SMITH													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
813 OLYMPIAN CIR.												CHECK	
City	State	Zip Code	M		D		Y		Amount				
DAYTON	O H	45427	0	5	2	5	0	9	25.00				
Full Name of Contributor											Registration Number, if PAC		
WILLIS H. DAVIS													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
201 LEXINGTON AVE.												CHECK	
City	State	Zip Code	M		D		Y		Amount				
DAYTON	O H	45402	0	5	2	5	0	9	50.00				
Full Name of Contributor											Registration Number, if PAC		
RUTH F. RICHARDSON													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
833 OAK LEAF DR.												CHECK	
City	State	Zip Code	M		D		Y		Amount				
DAYTON	O H	45408	0	5	2	5	0	9	100.00				
Full Name of Contributor											Registration Number, if PAC		
ROBERT L. DAVIS, JR., D.D.S.													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
3740 SALEM AVE.												CHECK	
City	State	Zip Code	M		D		Y		Amount				
DAYTON	O H	45406	0	5	2	5	0	9	25.00				
Full Name of Contributor											Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
												375.00	

375.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

Full Name of Contributor	Street Address	City	State	Zip Code	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Date (M D Y)	Form (Cash, Check, etc.)	Amount
EDWARD L. WHITE	6630 LEEDS CIR.	CENTERVILLE	OH	45459			05 24 09	CHECK	100.00
FRANCES H. MAYES	1731 ALAMO CT.	DAYTON	OH	45418			05 24 09	CHECK	25.00
CALVIN D. HEARD	5360 NORTHFORD RD.	TROTWOOD	OH	45426			05 23 09	CHECK	25.00
GRAFTON S. PAYNE, II	115 W. MONUMENT AVE. #108	DAYTON	OH	45402			05 22 09	CHECK	25.00
JESSIE O. GOODING	5061 DONLAW AVE.	DAYTON	OH	45418			05 21 09	CHECK	25.00
JENNIE B. NELSON	4767 SHAUNEE CREEK DR.	DAYTON	OH	45415			05 20 09	CHECK	25.00
HAZEL CARTER SCOTT	674 RANDOLPH ST.	DAYTON	OH	45408			05 20 09	CHECK	40.00
								265.00	

265.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

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
EARL SHEPARD		6310 PETERS RD.		CHECK	TIPP CITY	O | H	45371	0	5	09	100.00
DAYTON BUILDING TRADES COUNCIL, PCE.		1200 E. SECOND ST.		CHECK	DAYTON	O | H	45403	0	5	09	100.00
THOMAS I. CRAFT, SR. PH.D.		1280 WENOFRED DR.		CHECK	WILBERFORCE	O | H	45384	0	5	08	25.00
M. M. WASHINGTON		3666 JUDY LANE		CHECK	DAYTON	O | H	45405	0	5	08	100.00
NANCY A. NERNY		482 SHILOH DR.		CHECK	DAYTON	O | H	45415	0	5	08	25.00
EVA S. IZENSON		849 LINCOLN WOODS COURT		CHECK	KETTERING	O | H	45429	0	5	08	100.00
GAIL S. HELLER		1625 E. FOURTH ST.		CHECK	DAYTON	O | H	45403	0	5	08	40.00
				490.00							

490.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
FRIENDS OF RHINE MCLIN

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
FRED E. WEBER		3109 FAR HILLS AVE.		CHECK	DAYTON	O	45429	05	18	09	100.00
PETER J. KING		3049 ONONTA AVE.		CHECK	CINCINNATI	O	45226	05	17	09	1,000.00
JANE M. LYNCH		8 TECUMSEH ST.		CHECK	DAYTON	O	45402	05	17	09	100.00
FRANZ J. HOGE		939 LAURELWOOD RD.		CHECK	KETTERING	O	45419	05	17	09	100.00
MICHAEL A. HOUSER		3820 HONEY HILL LN.		CHECK	DAYTON	O	45405	05	16	09	100.00
BEVERLY A. KING		1001 RIPPLECREEK CT.		CHECK	CENTERVILLE	O	45458	05	16	09	100.00
MARY C. GERAGHTY		441 CHOWNING CIRCLE		CHECK	KETTERING	O	45429	05	16	09	100.00

Full Name of Contributor	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
				1,600.00

1,600.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

Full Name of Contributor	Street Address	City	State	Zip Code	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Date (M D Y)	Form (Cash, Check, etc.)	Amount
THOMAS G. TORNATORE	259 WAYNE AVE.	DAYTON	OH	45402			05 16 09	CHECK	100.00
KALON L. CHANCE	117 N. DECKER AVE.	DAYTON	OH	45417			05 16 09	CHECK	100.00
JAMES T. HARDY	405 W. GRAND AVE.	DAYTON	OH	45405			05 16 09	CHECK	250.00
RICHARD STOVER	5073 JAMES HILL ROAD	KETTERING	OH	45429			05 15 09	CHECK	100.00
TOM BEDELL, SR.	4806 BLOOMFIELD DR.	DAYTON	OH	45426			05 15 09	CHECK	50.00
ALMA M. LONG	629 WILLOW SPRINGS DR.	DAYTON	OH	45427			05 15 09	CHECK	25.00
HARRY A. SEIFERT, JR.	1928 OAK TREE DR., EAST	KETTERING	OH	45440			05 15 09	CHECK	100.00
								725.00	

725.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

Full Name of Contributor	Street Address	City	State	Zip Code	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Date (M D Y)	Form (Cash, Check, etc.)	Amount
MIKE FAIN	449 ISABELLA CIRCLE	CENTERVILLE	OH	45458			05 15 09	CHECK	100.00
LEONARD J. HOWIE, JR.	3700 STONY HOLLOW RD.	DAYTON	OH	45418			05 15 09	CHECK	200.00
JOYCE WILLIS	1041 SHAKESPEARE AVE.	DAYTON	OH	45402			05 14 09	CHECK	25.00
JOHN S. PICKREL	731 DEVONSHIRE RD.	DAYTON	OH	45419			05 14 09	CHECK	100.00
SELMA OHLMANN	3112 WINTER HAVEN AVE.	DAYTON	OH	45415			05 14 09	CHECK	50.00
ANITA M. DELANEY	1830 SOUTHWOOD LANE EAST	DAYTON	OH	45419			05 14 09	CHECK	100.00
JOSEPH LITVIN	6460 NORANDA DR.	DAYTON	OH	45415			05 14 09	CHECK	25.00
								600.00	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full													
FRIENDS OF RHINE MCLIN													
Full Name of Contributor												Registration Number, if PAC	
CARRIE MORROW													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
1333 W. FAIRVIEW AVE. #1A												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DAYTON	O H	45406	0	5	1	4	0	9				25.00	
Full Name of Contributor												Registration Number, if PAC	
RONALD C. LEE													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
247 E. 2ND ST.												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DAYTON	O H	45402	0	5	1	4	0	9				50.00	
Full Name of Contributor												Registration Number, if PAC	
WILBUR GARY NELSON													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
40 SHANNON ST.												MONEY O.	
City	State	Zip Code	M		D		Y					Amount	
DAYTON	O H	45402	0	5	1	4	0	9				100.00	
Full Name of Contributor												Registration Number, if PAC	
PATRICIA A. TRAMMELL													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
4733 OLIVE RD.												CHECK	
City	State	Zip Code	M		D		Y					Amount	
TROTWOOD	O H	45426	0	5	1	4	0	9				25.00	
Full Name of Contributor												Registration Number, if PAC	
THOMAS P. WHELLEY II													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
10 S. LUDLOW ST.												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DAYTON	O H	45402	0	5	1	3	0	9				50.00	
Full Name of Contributor												Registration Number, if PAC	
CHARLES A. JONES													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
902 DARTMOUTH DR.												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DAYTON	O H	45406	0	5	1	3	0	9				100.00	
Full Name of Contributor												Registration Number, if PAC	
BESSIE B. MILLER													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
1415 AMBERLY DR.												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DAYTON	O H	45406	0	5	1	3	0	9				25.00	
Full Name of Contributor												Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
												375.00	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
FRIENDS OF RHINE MCLIN

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
MARILYN E. MILLER-LEWIS		3738 DORSET DR.		CHECK	DAYTON	O H	45405	05	13	09	50.00
LUCAS LIAKOS		960 STATE ROUTE 725		CHECK	DAYTON	O H	45459	05	13	09	100.00
JAMES R. PANCOAST		295 HATHAWAY ROAD		CHECK	DAYTON	O H	45419	05	13	09	1,000.00
SEBASTIAN J. MELLUZZO		380 HIGHLAND TERRACE AVE.		CHECK	KETTERING	O H	45429	05	12	09	100.00
SAMUEL W. LUMBY		5320 SPLIT RAIL		CHECK	KETTERING	O H	45429	05	12	09	100.00
ROY CHEW		1332 GLEN JEAN CT.		CHECK	CENTERVILLE	O H	45459	05	12	09	1,000.00
KATHERINE L. DAVIS		7847 LOIS CIRCLE DR.		CHECK	DAYTON	O H	45459	05	11	09	25.00

Full Name of Contributor | Registration Number, if PAC | Street Address | Employer/Occupation/Labor Organization* | Form (Cash, Check, etc.)

2,375.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

Full Name of Contributor	Street Address	City	State	Zip Code	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Date (M D Y)	Form (Cash, Check, etc.)	Amount
RICHARD HAAS	1185 LYTLE FIVE POINTS RD.	CENTERVILLE	OH	45458			05 05 09	CHECK	1,000.00
FRED M. MANCHUR	3500 STONEBRIDGE RD.	KETTERING	OH	45419			05 04 09	CHECK	1,000.00
GREGORY C. HENDERSON	1271 CLUB VIEW DR.	CENTERVILLE	OH	45458			05 04 09	CHECK	1,000.00
FRANCISCO J. PEREZ	350 STONEHAVEN RD.	KETTERING	OH	45429			05 04 09	CHECK	2,000.00
RUSSELL J. WETHERELL	1691 LADERA TRAIL	DAYTON	OH	45459			05 04 09	CHECK	1,000.00
ALFRED N. CARSON	2060 GERMANTOWN	DAYTON	OH	45417			04 27 09	CHECK	500.00
JAMES F. CANNON	1914 PHILADELPHIA DR.	DAYTON	OH	45406			04 13 09	CHECK	100.00
								6,600.00	

6,600.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

Full Name of Contributor	Street Address	City	State	Zip Code	Employer/Occupation/Labor Organization*	Registration Number, if PAC	Date (M D Y)	Form (Cash, Check, etc.)	Amount
RICHARD CLAY DIXON	700 TORRINGTON PL.	DAYTON	OH	45406			04 09 09	CHECK	100.00
TALBERT GROOMS-CURINGTON	586 GRAMONT AVE.	DAYTON	OH	45417			04 04 09	CHECK	200.00
MATTI A. SEEGE	1460 NEWTON AVE.	DAYTON	OH	45406			04 04 09	CHECK	25.00
VAIL K. MILLER	3629 RED OAK RD.	OREGONIA	OH	45054			04 03 09	CHECK	500.00
JAMES R. PAYNE	5381 EASTPORT AVE.	DAYTON	OH	45427			04 03 09	CHECK	100.00
ELMER WILLIAM ROSS	5375 BIRDLAND AVE.	DAYTON	OH	45427			04 02 09	CHECK	100.00
DARRYL K. DEVER	2078 WOODLANDS PLACE	POWELL	OH	43065			04 02 09	CHECK	100.00
								1,125.00	

1,125.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
FRIENDS OF RHINE MCLIN

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
RUBY JEAN HARDY		1728 PARKHILL DR.		CHECK	DAYTON	O | H	45406	03	30	09	100.00
GISELLE S. JOHNSON		8 HOLT ST.		CHECK	DAYTON	O | H	45402	03	30	09	40.00
JOHN W. FLETCHER, JR.		1124 SALEM AVE.		CHECK	DAYTON	O | H	45406	03	30	09	25.00
BARBARA A. KING		4579 POWELL RD.		CHECK	DAYTON	O | H	45424	03	30	09	30.00
EARL B. STAMPER		142 LORENZ		CHECK	DAYTON	O | H	45417	03	29	09	150.00
HERBERT T. MARSHALL		5657 WESTCREEK DR.		CHECK	TROTWOOD	O | H	45426	03	29	09	25.00
ALVARENE N. OWENS		1728 S. MAIN ST.		CHECK	DAYTON	O | H	45409	03	29	09	100.00
				470.00							

470.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full: FRIENDS OF RHINE MCLIN

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
ELIZABETH L. TONEY		1831 AUBURN AVE.		CHECK	DAYTON	OH	45406	03	29	09	50.00
NOLAND D. LESTER		4062 BRUMBAUGH BLVD.		CHECK	DAYTON	OH	45416	03	29	09	50.00
HOWARD D. MCMAHON		1341 STILLWATER LN.		CHECK	DAYTON	OH	45415	03	29	09	50.00
DENISE L. REHG		912 GLENEAGLE DR.		CHECK	DAYTON	OH	45431	03	28	09	150.00
DIANNE M. BRUSH		31 TRIANGLE AVE.		CHECK	DAYTON	OH	45419	03	27	09	500.00
DAVID F. ABNEY II		4267 GLENBROOK DR.		CHECK	DAYTON	OH	45406	03	26	09	250.00
CASSANDRA I. WAYS		2549 MARSCOTT DR.		CHECK	DAYTON	OH	45440	03	25	09	50.00
				1,100.00							

1,100.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full												
FRIENDS OF RHINE MCLIN												
Full Name of Contributor											Registration Number, if PAC	
VINCENT M. CORRADO												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
7300 CRESTWAY RD.											CHECK	
City	State	Zip Code	M		D		Y				Amount	
CLAYTON	O H	45315	0	3	2	5	0	9			500.00	
Full Name of Contributor											Registration Number, if PAC	
KENNETH A. HERR												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
2771 KEMP RD.											CHECK	
City	State	Zip Code	M		D		Y				Amount	
BEAVERCREEK	O H	45431	0	3	2	5	0	9			250.00	
Full Name of Contributor											Registration Number, if PAC	
WILLIAM R. WHISTLER												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
5140 N. COUNTY LINE RD.											CHECK	
City	State	Zip Code	M		D		Y				Amount	
ENGLEWOOD	O H	45322	0	3	2	4	0	9			500.00	
Full Name of Contributor											Registration Number, if PAC	
TIFFANY M. COLLIE												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
1618 ARLENE AVE.											CHECK	
City	State	Zip Code	M		D		Y				Amount	
DAYTON	O H	45406	0	3	2	4	0	9			50.00	
Full Name of Contributor											Registration Number, if PAC	
E & D ENTERPRISE												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
1818 BENSON DR.											CHECK	
City	State	Zip Code	M		D		Y				Amount	
DAYTON	O H	45406	0	3	2	2	0	9			200.00	
Full Name of Contributor											Registration Number, if PAC	
TIMOTHY L. HOLSTON												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
3050 LANE WOODS CT.											CHECK	
City	State	Zip Code	M		D		Y				Amount	
COLUMBUS	O H	43221	0	3	2	2	0	9			500.00	
Full Name of Contributor											Registration Number, if PAC	
LAWRENCE E. PORTER												
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
161 COPPERFIELD DR.											CHECK	
City	State	Zip Code	M		D		Y				Amount	
DAYTON	O H	45415	0	3	2	1	0	9			50.00	
Full Name of Contributor											Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*										Form (Cash, Check, etc.)	
											2,050.00	

2,050.00

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
FRIENDS OF RHINE MCLIN

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
KITT C. COOPER		498 OLDE MILL DR.		CHECK	WESTERVILLE	O H	43082	0 3	2 0	0 9	10,000.00
CARMEN C. NAUSEEF		43 W. MONTERAY RD.		CHECK	DAYTON	O H	45419	0 3	2 0	0 9	500.00
MAUREEN PERO DOWD		248 RIDGEWOOD AVE.		CHECK	DAYTON	O H	45409	0 3	2 0	0 9	250.00
JIMMIE LEMMON		10736 FALLS CREEK LN.		CHECK	DAYTON	O H	45458	0 3	2 0	0 9	500.00
DENNIS F. QUEBE		640 UPLANDS CAMP RD.		CHECK	KETTERING	O H	45419	0 3	1 9	0 9	500.00
DP & L EMPLOYEES' FUND		P.O. BOX 8825		CHECK	DAYTON	O H	45401	0 3	1 9	0 9	500.00
CHRISTOPHER S. WIRE		610 W. WHIPP RD.		CHECK	DAYTON	O H	45459	0 3	1 8	0 9	500.00

Street Address | Employer/Occupation/Labor Organization* | Form (Cash, Check, etc.)
12,750.00

12,750.00

3517.10

Statement of Contributions Received

Presented by Secretary of State 03/05

Name of Committee in Full									
FRIENDS OF RHINE MCLIN									
Full Name of Contributor								Registration Number, if PAC	
DANIEL J. CURRAN									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
300 COLLEGE PARK								CHECK	
City	State	Zip Code	M		D		Y	Amount	
DAYTON	OH	45469	0	3	1	7	0 9	[redacted]	500
Full Name of Contributor								Registration Number, if PAC	
MARY BOOGALIS									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
824 WALNUT SPRINGS RD. 824								CHECK	
City	State	Zip Code	M		D		Y	Amount	
DAYTON	OH	45419 19	0	3	1	7	0 9	[redacted]	500
Full Name of Contributor								Registration Number, if PAC	
SCOTT J. KELLY									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1225 CHEVINGTON CT.								CHECK	
City	State	Zip Code	M		D		Y	Amount	
DAYTON	OH	45459 59	0	3	1	7	0 9	[redacted]	1000
Full Name of Contributor								Registration Number, if PAC	
VIRGINIA STRAUSBURG									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1004 WEDGECREEK PLACE								CHECK	
City	State	Zip Code	M		D		Y	Amount	
CENTERVILLE	OH	45458 58	0	3	1	7	0 9	[redacted]	50
Full Name of Contributor								Registration Number, if PAC	
MAUREEN T. PATTERSON									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
715 STANBRIDGE DR.								CHECK	
City	State	Zip Code	M		D		Y	Amount	
KETTERING	OH	45429	0	3	1	6	0 9	[redacted]	500
Full Name of Contributor								Registration Number, if PAC	
CHRISTINA SCHNEIDER HOWARD									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
740 WOODBOURNE TRAIL								CHECK	
City	State	Zip Code	M		D		Y	Amount	
CENTERVILLE	OH	45459	0	3	1	6	0 9	$500.00	
Full Name of Contributor								Registration Number, if PAC	
LOUIS A. LUEDTKE									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
1096 BERRYHILL RD.								CHECK	
City	State	Zip Code	M		D		Y	Amount	
BELLBROOK	OH	45305	0	3	1	6	0 9	$500.00	
Full Name of Contributor								Registration Number, if PAC	
BEVERLY F. SHILLITO									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
3212 WINDING WAY								CHECK	
City	State	Zip Code	M		D		Y	Amount	
KETTERING	OH	45419	0	3	1	6	0 9	$500.00	

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

Page Total $3,600.00

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Statement of Contributions Received

Prescribed by Secretary of State 05/05

Name of Committee in Full
FRIENDS OF RHINE MCLIN

Full Name of Contributor	Registration Number, if PAC							
JAC K J. GIAMBRONE, JR.								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1199 PICKETT RIDGE CT.							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
BEAVERCREEK	OH	45434	0	3	1	8	0	9	[redacted]	500

Full Name of Contributor	Registration Number, if PAC							
THERESE L. MILLER THERESE								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1001 KENWORTHY PL. 1001 Kenworthy							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DAYTON	OH	45458 58	0	3	1	6	0	9	[redacted]	500

Full Name of Contributor	Registration Number, if PAC							
LYNDA P. HAMILTON								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
53 W. MONTEREY ROAD							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DAYTON	OH	45419 19	0	3	1	6	0	9	$100.00	100

Full Name of Contributor	Registration Number, if PAC							
RON WINE CONSULTING GROUP								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
3600 PENTAGON BLVD., SUITE 460 460							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
BEAVERCREEK	OH	45431	0	3	1	6	0	9	$250.00	250

Full Name of Contributor	Registration Number, if PAC							
SHANE A. IMWALLE								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
9484 PARKSIDE DR.							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
CENTERVILLE	OH	45458	0	3	1	6	0	9	$250.00	

Full Name of Contributor	Registration Number, if PAC							
BARBARA C. SCHENCK								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1821 HIGHLANDER DR.							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
XENIA	OH	45385	0	3	1	6	0	9	$500.00	

Full Name of Contributor	Registration Number, if PAC							
SCOTT A. SULLIVAN								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
405 THOMAS DR.							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
SPRINGBORO	OH	45066	0	3	1	6	0	9	$500.00	

Full Name of Contributor	Registration Number, if PAC							
DAVID C. HETZLER								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6121 HUNTLEY RD.							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
COLUMBUS	OH	43229	0	3	1	4	0	9	$250.00	

* 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, other 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 $2,850.00

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R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
FRIENDS OF RHINE MCLIN

Full Name of Contributor	Registration Number, if PAC							
TONYA JOHNSON								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
4791 MEDLAR ROAD							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
MIAMISBURG	OH	45342	0	3	1	2	0	9	$500.00	500

Full Name of Contributor	Registration Number, if PAC							
RUBY J. HARDY								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1728 PARKHILL DR. PARK HILL							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DAYTON	OH	45406 06	0	3	1	1	0	9	$50.00	50

Full Name of Contributor	Registration Number, if PAC							
JAMES H. HAYES								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2546 ADIRONDACK TR. 2546							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
KETTERING	OH	45409 45409	0	3	1	1	0	9	$250.00	250

Full Name of Contributor	Registration Number, if PAC							
ENID G. GOUBEAUX								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
342 HICKORY DR.							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
GREENVILLE	OH	45331 45331	0	3	1	1	0	9	$500.00	500

Full Name of Contributor	Registration Number, if PAC							
RICHARD F. GLENNON, SR.								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1973 INDIAN HEAD RD.							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DAYTON	OH	45475	0	3	1	0	0	9	$500.00	500

Full Name of Contributor	Registration Number, if PAC							
A. JAMES SIEBERT III								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1040 BLUESAIL DR.							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
WESTERVILLE	OH	43081	0	3	0	9	0	9	$250.00	

Full Name of Contributor	Registration Number, if PAC							
MANOJ SETHI								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
7674 JOHNTIMM CT.							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DUBLIN	OH	43017	0	3	0	9	0	9	$250.00	

Full Name of Contributor	Registration Number, if PAC							
B. SCHUSTER, M.D.								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
108 N. MAIN ST., SUITE 1700							CHECK	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
DAYTON	OH	45419	0	3	0	9	0	9	$250.00	

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Page Total $2,550.00

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
FRIENDS OF RHINE MCLIN

Full Name of Contributor	Registration Number, if PAC							
CAROLYN A RICE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1135 GREEN TREE DR.							CHECK	
City	State	Zip Code		M	D	Y	Amount	
DAYTON	OH	45429	29	0 3	0 9	0 9	[illegible]	250
Full Name of Contributor	Registration Number, if PAC							
LYNITA R. JOHNSON	LYNITA R							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2359 FEATHERSTONE	2359 Featherstone						CHECK	
City	State	Zip Code		M	D	Y	Amount	
MIAMISBURG	OH	45342	45342	0 3	0 7	0 9	[illegible]	300
Full Name of Contributor	Registration Number, if PAC							
ROBERT P. KIRKLEY	Kirkley							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1646 ROCKWOOD LN.	1646 Rockwood Ln.						CHECK	
City	State	Zip Code		M	D	Y	Amount	
MISHAWAKA	MISHAWAKA IN	[illegible]	46546	0 3	0 4	0 9	$250.00	250
Full Name of Contributor	Registration Number, if PAC							
VAIL K MILLER								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3840 STONERIDGE RD.	3840 Stone						CHECK	
City	State	Zip Code		M	D	Y	Amount	
DAYTON	OH	45419	19	0 3	0 4	0 9	[illegible]	1000
Full Name of Contributor	Registration Number, if PAC							
KAREN L. SMITH								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
633 ERNROE DR.							CHECK	
City	State	Zip Code		M	D	Y	Amount	
DAYTON	OH	45408		0 3	0 2	0 9	[illegible]	
Full Name of Contributor	Registration Number, if PAC							
PAUL R. WOODIE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
717 HAMPSHIRE RD.							CHECK	
City	State	Zip Code		M	D	Y	Amount	
DAYTON	OH	45419		0 3	0 2	0 9	$200.00	
Full Name of Contributor	Registration Number, if PAC							
GERALD L. PARISI								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2774 QUAIL RIDGE DRIVE							CHECK	
City	State	Zip Code		M	D	Y	Amount	
NEW CARLISLE	OH	45344		0 3	0 2	0 9	$500.00	
Full Name of Contributor	Registration Number, if PAC							
CAROLYN A. RICE								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1135 GREEN TREE DR.							CHECK	
City	State	Zip Code		M	D	Y	Amount	
DAYTON	OH	45429		0 2	2 6	0 9	$250.00	

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Page Total $2,775.00