

Statement of Contributions Received

Prescribed by Secretary of State 6/10/9

Name of Committee is Full							
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	
Joyce Schramm							
5967 Trafalgar Ln.					check		
Dublin	OH	43014	0	4	2	6	25.00
Louis Menduni Jr.							
4037 Dublin Rd.					check		
Columbus	OH	43221	0	4	0	1	100.00
Enka Weise							
3572 Darby Knolls					check		
Hilliard	OH	43026	0	4	2	6	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 also appear. [R.C. 3517.10(B)(4)]

\$175 ~~125.00~~