

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page 14

Name of Committee in Full													
Full Name of Contributor Jeeyoung Gebhart							Registration Number, if PAC						
Street Address 435 Hermitage Rd.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck						
City Gahanna		State OH		Zip Code 43230		M 1		D 0		Y 8		Amount 15-	
Full Name of Contributor Mandy Kletrovetz							Registration Number, if PAC						
Street Address 4339 Patrick Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck						
City Sunbury		State OH		Zip Code 43074		M 1		D 0		Y 8		Amount 50-	
Full Name of Contributor Dana Kagrise							Registration Number, if PAC						
Street Address 7260 Hampton Hills Ln				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck						
City New Albany		State OH		Zip Code 43054		M 1		D 0		Y 8		Amount 100-	
Full Name of Contributor Erin Doran							Registration Number, if PAC						
Street Address 5646 Northbrook Dr. E.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash						
City Worthington		State OH		Zip Code 43085		M 1		D 0		Y 8		Amount 20-	
Full Name of Contributor Erika Walsh							Registration Number, if PAC						
Street Address 7907 Prairie Willow Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash						
City Blacklick		State OH		Zip Code 43004		M 1		D 0		Y 8		Amount 15-	
Full Name of Contributor Colette Young							Registration Number, if PAC						
Street Address 1166 Lexington Woods Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck						
City Granville		State OH		Zip Code 43023		M 1		D 0		Y 8		Amount 20-	
Full Name of Contributor Nathan Woos							Registration Number, if PAC						
Street Address 235 Loveman Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash						
City Worthington		State OH		Zip Code 43085		M 1		D 0		Y 8		Amount 5-	
Full Name of Contributor Mary Spurrier							Registration Number, if PAC						
Street Address 4416 Trailane Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash						
City Hilliard		State OH		Zip Code 43026		M 1		D 0		Y 8		Amount 10-	

* 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 \$ 235