

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|---|--|--------------------|---|---------------|-----------------------------|--|---------------------------|
| Name of Committee in Full Citizens Against Rezoning Tremont | | | | | | | |
| Full Name of Contributor June E. Stiefel | | | | | Registration Number, if PAC | | |
| Street Address 1491 London Dr. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | |
| City Upper Arlington | | State OH | Zip Code 43221 | M 1 | D 0 | Y 1308 | Amount \$25.00 |
| Full Name of Contributor Daniel M. Schafer | | | | | Registration Number, if PAC | | |
| Street Address 3404 Sunningdale Way | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | |
| City Upper Arlington | | State OH | Zip Code 43221 | M 1 | D 0 | Y 2008 | Amount \$500.00 |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | | State OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | | State OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | | State OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | | State OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | | State OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | | State OH | Zip Code | M | D | Y | Amount |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | | State OH | Zip Code | M | D | Y | Amount |

* 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)]