

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <del>COMMITTEES TO RESPECT KRASTMAN TRUSTEE</del>							
Full Name of Contributor Bob Bridges						Registration Number, if PAC	
Street Address 9850 Lytfield Dr.		Employer/Occupation/Labor Organization Attorney				Form (Cash, Check, etc.)	
City Dublin		State OH	Zip Code 43017		M 09	D 18	Y 13
						Amount 50.00	
Full Name of Contributor Bob Adamek						Registration Number, if PAC	
Street Address 4897 Lytfield		Employer/Occupation/Labor Organization Sales				Form (Cash, Check, etc.)	
City Columbus		State OH	Zip Code 43017		M 09	D 25	Y 13
						Amount 150.00	
Full Name of Contributor Marilee Zvercher						Registration Number, if PAC	
Street Address 6049 Glen Barr		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City <del>DUBLIN</del> DUBLIN		State OH	Zip Code 43017		M 09	D 24	Y 13
						Amount 100.00	
Full Name of Contributor BOB WISENBERGER						Registration Number, if PAC	
Street Address 350 GLENMANSION CT		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK	
City Dublin		State OH	Zip Code 43017		M 09	D 25	Y 13
						Amount 100	
Full Name of Contributor CHARLES KRASTMAN						Registration Number, if PAC	
Street Address 5512 CARLESTONE LN		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) BOTANICAL	
City Dublin		State OH	Zip Code		M	D	Y
						Amount 30	
Full Name of Contributor CHARLES KRASTMAN						Registration Number, if PAC	
Street Address 5512 CARLESTONE LN		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) BOTANICAL	
City Dublin		State OH	Zip Code		M	D	Y
						Amount 1000	
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	
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	

\* 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)]