

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|  |  |  |   |  |                          |                             |   |  |                           |
|--|--|--|---|--|--------------------------|-----------------------------|---|--|---------------------------|
| Name of Committee in Full<br><b>Will Petrik for Columbus</b> |  |  |   |  |                          |                             |   |  |                           |
| Full Name of Contributor<br><b>Rodney Wollam</b>             |  |  |   |  |                          | Registration Number, if PAC |   |  |                           |
| Street Address<br><b>1479 Devonhurst Dr</b>                  |  |  | Employer/Occupation/Labor Organization*<br><b>Disabled Veteran</b>                        |  |                          |                             | Form (Cash, Check, etc.)<br><b>CrowdPac</b> |  |                           |
| City<br><b>Columbus</b>                                      |  |  | State<br><b>OH</b>  |  | Zip Code<br><b>43232</b> |                             | M D Y<br><b>0 2 2 2 1 7</b>                 |  | Amount<br><b>\$27.00</b>  |
| Full Name of Contributor<br><b>Henry Antonio Peller</b>      |  |  |   |  |                          | Registration Number, if PAC |   |  |                           |
| Street Address<br><b>133 S. Cypress</b>                      |  |  | Employer/Occupation/Labor Organization*<br><b>Student</b>                                 |  |                          |                             | Form (Cash, Check, etc.)<br><b>CrowdPac</b> |  |                           |
| City<br><b>Columbus</b>                                      |  |  | State<br><b>OH</b>  |  | Zip Code<br><b>43202</b> |                             | M D Y<br><b>0 2 2 2 1 7</b>                 |  | Amount<br><b>\$27.00</b>  |
| Full Name of Contributor<br><b>Duane Casares</b>             |  |  |   |  |                          | Registration Number, if PAC |   |  |                           |
| Street Address<br><b>112 Aldrich Rd</b>                      |  |  | Employer/Occupation/Labor Organization*<br><b>Directions for Youth &amp; Children/CEO</b> |  |                          |                             | Form (Cash, Check, etc.)<br><b>Crowdpac</b> |  |                           |
| City<br><b>Columbus</b>                                      |  |  | State<br><b>OH</b>  |  | Zip Code<br><b>43214</b> |                             | M D Y<br><b>0 2 2 2 1 7</b>                 |  | Amount<br><b>\$100.00</b> |
| Full Name of Contributor<br><b>Thomas Tootle</b>             |  |  |   |  |                          | Registration Number, if PAC |   |  |                           |
| Street Address<br><b>5971 Hildenboro Dr</b>                  |  |  | Employer/Occupation/Labor Organization*<br><b>Thomas Tootle Co. LPA/Attorney</b>          |  |                          |                             | Form (Cash, Check, etc.)<br><b>CrowdPac</b> |  |                           |
| City<br><b>Dublin</b>  |  |  | State<br><b>OH</b>  |  | Zip Code<br><b>43017</b> |                             | M D Y<br><b>0 2 2 2 1 7</b>                 |  | Amount<br><b>\$100.00</b> |
| Full Name of Contributor<br><b>Keith Kitty</b>               |  |  |   |  |                          | Registration Number, if PAC |   |  |                           |
| Street Address<br><b>6032 Thatcher Dr</b>                    |  |  | Employer/Occupation/Labor Organization*<br><b>Retired</b>                                 |  |                          |                             | Form (Cash, Check, etc.)<br><b>CrowdPac</b> |  |                           |
| City<br><b>Dublin</b>  |  |  | State<br><b>OH</b>  |  | Zip Code<br><b>43017</b> |                             | M D Y<br><b>0 2 2 2 1 7</b>                 |  | Amount<br><b>\$50.00</b>  |
| Full Name of Contributor<br><b>Alexis Weaver</b>             |  |  |   |  |                          | Registration Number, if PAC |   |  |                           |
| Street Address<br><b>528 Crestview Rd</b>                    |  |  | Employer/Occupation/Labor Organization*<br><b>Student</b>                                 |  |                          |                             | Form (Cash, Check, etc.)<br><b>Crowdpac</b> |  |                           |
| City<br><b>Columbus</b>                                      |  |  | State<br><b>OH</b>  |  | Zip Code<br><b>43202</b> |                             | M D Y<br><b>0 2 2 3 1 7</b>                 |  | Amount<br><b>\$27.00</b>  |
| Full Name of Contributor<br><b>Kathleen Gmeiner</b>          |  |  |   |  |                          | Registration Number, if PAC |   |  |                           |
| Street Address<br><b>462 E. Hlnman Ave</b>                   |  |  | Employer/Occupation/Labor Organization*<br><b>UHCAN Ohio/Project Director</b>             |  |                          |                             | Form (Cash, Check, etc.)<br><b>Crowdpac</b> |  |                           |
| City<br><b>Columbus</b>                                      |  |  | State<br><b>OH</b>  |  | Zip Code<br><b>43207</b> |                             | M D Y<br><b>0 2 2 3 1 7</b>                 |  | Amount<br><b>\$27.00</b>  |
| Full Name of Contributor<br><b>Carolyn Carter</b>            |  |  |   |  |                          | Registration Number, if PAC |   |  |                           |
| Street Address<br><b>5995 Sedgwick Road</b>                  |  |  | Employer/Occupation/Labor Organization*<br><b>Retired</b>                                 |  |                          |                             | Form (Cash, Check, etc.)<br><b>CrowdPac</b> |  |                           |
| City<br><b>Columbus</b>                                      |  |  | State<br><b>OH</b>  |  | Zip Code<br><b>43235</b> |                             | M D Y<br><b>0 2 2 3 1 7</b>                 |  | Amount<br><b>\$100.00</b> |

\* 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)]