## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

| Name of Committee in Full                          |   |                            |                             |                             |                          |                          |  |
|--|---|----------------------------|-----------------------------|-----------------------------|--------------------------|--------------------------|--|
| Friends of Schregardus                             |   |                            |                             |                             |                          |                          |  |
| Full Name of Contributor                           |   |                            |                             | Registration Number, if PAC |                          |                          |  |
| Lisa Cohn  |   |                            |                             |                             |                          |                          |  |
| Street Address                                     | Employer/Occu                           |                            |                             |                             | Form (Cash, Check, etc.) |                          |  |
| 34 Bayview St., Belfast, ME 04915-0712             |   | la a .                     | <del></del>                 |                             | ,                        | check                    |  |
| City<br><b>Belfas</b> t                            | State ME                                | Zip Code<br><b>04915</b>   | 0 5                         | 3 1                         | 1 7                      | Amount<br>\$20.00        |  |
| Full Name of Contributor                           |   |                            | Registration Number, if PAC |                             |                          |                          |  |
| Street Address                                     |   | L                          |                             | -                           | F (0 1 0 1)              |                          |  |
| Succe Address                                      | Employer/Occu                           |                            |                             |                             | Form (Cash, Check, etc.) |                          |  |
| City   | State<br>OH                             | Zip Code                   | М                           | D                           | Y                        | Amount                   |  |
| Full Name of Contributor                           |   |                            |                             | Registration Number, if PAC |                          |                          |  |
| Street Address                                     | Employer/Occupation/Labor Organization* |                            |                             |                             |                          | Form (Cash, Check, etc.) |  |
| City   | State<br>OH                             | Zip Code                   | M                           | D                           | Y                        | Amount                   |  |
| Full Name of Contributor                           | Registration Number, if                 |                            |                             | iber, if P/                 | AC                       |                          |  |
| Street Address                                     | Employer/Occu                           | pation/Labor Organization* |                             |                             |                          | Form (Cash, Check, etc.) |  |
| City   | State<br>OH                             | Zip Code                   | M                           | D                           | Y                        | Атоилі                   |  |
| Full Name of Contributor                           |   |                            |                             | Registration Number, if PAC |                          |                          |  |
| Street Address                                     | Employer/Occupation/Labor Organization* |                            |                             |                             |                          | Form (Cash, Check, etc.) |  |
| City   | State OH                                | Zip Code                   | М                           | D                           | Y                        | Amount                   |  |
| Full Name of Contributor                           |   |                            |                             | Registration Number, if PAC |                          |                          |  |
| Street Address                                     | Employer/Occu                           |                            |                             | Form (Cash, Check, etc.)    |                          |                          |  |
| City   | State<br>OH                             | Zip Code                   | М                           | D                           | Y                        | Amount                   |  |
| Full Name of Contributor                           |   |                            | Registration Number, if PAC |                             |                          |                          |  |
| Street Address                                     | Employer/Occu                           |                            |                             | Form (Cash, Check, etc.)    |                          |                          |  |
| City   | State<br>OH                             | Zip Code                   | М                           | D                           | Y                        | Amount                   |  |
| Full Name of Contributor Registration Number, if I |   |                            |                             |                             | ber, if P                | AC                       |  |
| Street Address                                     | Employer/Occupation/Labor Organization* |                            |                             |                             | Form (Cash, Check, etc.) |                          |  |
| City   | State<br>OH                             | Zip Code                   | М                           | D                           | Y                        | Amount                   |  |

Page Total \$20.00

<sup>\*</sup> 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)]