Page 1	
· -5- <u>1</u>	

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Street Address	5.00	
Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)   4025 Riverview Dr   State   Zip Code   M   D   Y   Amount		
Street Address		
Street Address  4025 Riverview Dr  State Zip Code M D Y Amount  Columbus  Full Name of Contributor  Donald Wood  Street Address  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Registration Number, if PAC  Check  City  State Zip Code M D Y Amount  Check  City  State Zip Code M D Y Amount  Check  City  State Zip Code M D Y Amount  Check  City  Registration Number, if PAC  State Zip Code M D Y Amount  Columbus  Full Name of Contributor  Sam Shamansky LLC  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Check  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)		
A025 Riverview Dr		
State   Zip Code   M   D   Y   Amount		
Columbus		
Full Name of Contributor  Donald Wood  Street Address  4437 Wright Ave  City  State  Columbus  Columbus  Full Name of Contributor  Sam Shamansky LLC  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Check  M D Y Amount  1 2 0 9 1 0 7  Registration Number, if PAC  Registration Number, if PAC  Form (Cash, Check, etc.)		
Street Address		
Street Address		
4437 Wright Ave         Check           City         State         Zip Code         M         D         Y         Amount           Columbus         O         H         43214         1         2         0         9         1         0         75           Full Name of Contributor         Registration Number, if PAC           Sam Shamansky LLC         Street Address         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.	.00	
City         State         Zip Code         M         D         Y         Amount           Columbus         O         H         43214         1         2         0         9         1         0         7           Full Name of Contributor         Sam Shamansky LLC         Registration Number, if PAC           Street Address         Employer/Occupation/Labor Organization*         Form (Cash, Check, etc.	.00	
Columbus O H 43214 1 2 0 9 1 0 75  Full Name of Contributor Sam Shamansky LLC  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.	.00	
Full Name of Contributor  Sam Shamansky LLC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Form (Cash, Check, etc.		
Sam Shamansky LLC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.	-	
511 S. High Street Checks		
City State Zip Code M D Y Amount		
Columbus O   H   432 <u>15</u>   0   2   2   8   1   1   1,000	.00	
Full Name of Contributor Registration Number, if PAC		
Stephen Mindzak		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.		
7995 Corsham Court Check		
City State Zip Code M D Y Amount		
Dublin O   H   43016   0   2   8   1   1   20	00.0	
Full Name of Contributor Registration Number, if PAC		
Colley, Shroyer, and Abraham Co., LPA	1	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.		
536 S. High Street Check		
City State Zip Code M D Y Amount		
Columbus O   H   43215   0   3   0   2   1   1   10	00.0	
Full Name of Contributor Registration Number, if PAC		
Fundraiser from 12-9-12 see 31e		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.		
City State Zip Code M D Y Amount		
5,79	0.00	
Full Name of Contributor Registration Number, if PAC		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.		
outed Addiess		
City State Zip Code M D Y Amount		
To the State of th		
Full Name of Contributor Registration Number, if PAC		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.	Form (Cash, Check, etc.)	
City State Zip Code M D Y Amount		
provinged for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occumation and the name of the		

\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 7,315.00