

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Elect Dominic Paretti						
Full Name of Contributor Citizens for Stinziano				Registration Number, if PAC		
Street Address 550 E. Walnut St		Employer/Occupation/Labor Organization* State Representative			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 3	Amount \$150.00
Full Name of Contributor Franklin County Young Democrats				Registration Number, if PAC		
Street Address 271 E. State St		Employer/Occupation/Labor Organization* State Representative			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 3	Amount \$150.00
Full Name of Contributor Friends of Debbie Phillips				Registration Number, if PAC		
Street Address 48 Hudson Ave		Employer/Occupation/Labor Organization* State Representative			Form (Cash, Check, etc.) Check	
City Athens	State OH	Zip Code 45701	M 1	D 0	Y 3	Amount \$100.00
Full Name of Contributor Jack Cera for State Representative				Registration Number, if PAC		
Street Address 63899 Violet Ln		Employer/Occupation/Labor Organization* State Representative			Form (Cash, Check, etc.) Check	
City Bellaire	State OH	Zip Code 43906	M 1	D 0	Y 3	Amount \$300.00
Full Name of Contributor Denise Driehaus for State Representative				Registration Number, if PAC		
Street Address 3682 River Rd		Employer/Occupation/Labor Organization* State Representative			Form (Cash, Check, etc.) Check	
City Cincinnati	State OH	Zip Code 45204	M 1	D 0	Y 3	Amount \$100.00
Full Name of Contributor Bill Hedrick				Registration Number, if PAC		
Street Address 535 W. First Ave		Employer/Occupation/Labor Organization* State Representative			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 3	Amount \$25.00
Full Name of Contributor Karen Kostelac				Registration Number, if PAC		
Street Address 155 W. Main St		Employer/Occupation/Labor Organization* State Representative			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 3	Amount \$25.00
Full Name of Contributor Heather Bishoff				Registration Number, if PAC		
Street Address 2902 Braden Way		Employer/Occupation/Labor Organization* State Representative			Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	M 1	D 0	Y 3	Amount \$100.00

* 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)]

Page Total **\$950.00**