

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full UA FOR ACCOUNTABILITY									
Full Name of Contributor Laura Mancitella						Registration Number, if PAC			
Street Address 1348 Langston Rd				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City UA		State OH		Zip Code 43220		M 07		D 26	
						Y 16		Amount 50	
Full Name of Contributor Tanet Roberts						Registration Number, if PAC			
Street Address 1900 Ridgeway Rd				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City UA		State OH		Zip Code 43221		M 07		D 26	
						Y 16		Amount 150	
Full Name of Contributor CONTRIBUTIONS FROM FORM # 31E						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City UA		State OH		Zip Code 4322		M 16		D 3,585.00	
						Y 16		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City UA		State OH		Zip Code 4322		M 16		D 16	
						Y 16		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City UA		State OH		Zip Code 4322		M 16		D 16	
						Y 16		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City UA		State OH		Zip Code 4322		M 16		D 16	
						Y 16		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City UA		State OH		Zip Code 4322		M 16		D 16	
						Y 16		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City UA		State OH		Zip Code 4322		M 16		D 16	
						Y 16		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)]

Page Total \$ **3785**

TOTAL PAGES 1-4
\$10,360