

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens For Chris Rodriguez</b>									
Full Name of Contributor <b>Wesley Kantor</b>						Registration Number, if PAC			
Street Address <b>4082 Elbern Ave</b>			Employer/Occupation/Labor Organization* <b>Retired</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Whitehall</b>		State <b>OH</b>	Zip Code <b>43213</b>		M <b>0</b>	D <b>7</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Joanne Schumacher</b>						Registration Number, if PAC			
Street Address <b>464 Robinwood Ave</b>			Employer/Occupation/Labor Organization* <b>Retired</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Whitehall</b>		State <b>OH</b>	Zip Code <b>43213</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>1</b>	Amount <b>\$20.00</b>
Full Name of Contributor <b>Nancy E. Fuchik</b>						Registration Number, if PAC			
Street Address <b>1687 Durango Ct</b>			Employer/Occupation/Labor Organization* <b>Masonry Sales</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Powell</b>		State <b>OH</b>	Zip Code <b>43065</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>6</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Citizens For Maria Klemack-McGraw</b>						Registration Number, if PAC			
Street Address <b>P. O. Box 1392</b>			Employer/Occupation/Labor Organization* <b>Nationwide Children's Hospital/Interpreter</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>		M <b>0</b>	D <b>9</b>	Y <b>1</b>	Y <b>5</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Roger Blair, Esq</b>						Registration Number, if PAC			
Street Address <b>4670 Tensweep</b>			Employer/Occupation/Labor Organization* <b>Banking</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>7</b>	Amount <b>\$150.00</b>
Full Name of Contributor <b>Dr Sherran S. Blair</b>						Registration Number, if PAC			
Street Address <b>4670 Tensweep</b>			Employer/Occupation/Labor Organization* <b>Nationwide Insurance/Agent Relations</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>0</b>	Amount <b>\$150.00</b>
Full Name of Contributor <b>Brent Wrightsel</b>						Registration Number, if PAC			
Street Address <b>3300 Riverside Dr</b>			Employer/Occupation/Labor Organization* <b>Vision Development</b>				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>		State <b>OH</b>	Zip Code <b>43221</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Y <b>4</b>	Amount <b>\$100.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Y	Amount
		<b>OH</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)]

Page Total **\$620.00**