

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Nick Schneider Tyranny Prevention Fund									
Full Name of Contributor Joseph Sommer						Registration Number, if PAC			
Street Address 5672 Great Hall Ct.			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) ACH Credit		
City Columbus		State OH	Zip Code 43231		M 1	D 0	Y 2	Y 1	Amount \$200.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
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City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	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)]