

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Michael Schnetzer</b>							
Full Name of Contributor <b>Adam Rich</b>					Registration Number, if PAC		
Street Address <b>305 Olde Ridenour Rd</b>		Employer/Occupation/Labor Organization* <b>EDG - Engineer</b>			Form (Cash, Check, etc.) <b>Electronic Online</b>		
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>Joseph Gatesman</b>					Registration Number, if PAC		
Street Address <b>232 Benton Way</b>		Employer/Occupation/Labor Organization* <b>Tellabs Operations, Inc. - Network Engineer</b>			Form (Cash, Check, etc.) <b>Electronic Online</b>		
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>Douglas Preisse</b>					Registration Number, if PAC		
Street Address <b>41 S. High St. STE 3710</b>		Employer/Occupation/Labor Organization* <b>Chairman - Franklin County Republican Party</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$250.00</b>	
Full Name of Contributor <b>Daniel Marcus</b>					Registration Number, if PAC		
Street Address <b>406 E. Johnstown Rd.</b>		Employer/Occupation/Labor Organization* <b>Physician</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>0</b>	Y <b>4</b>	Amount <b>\$300.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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)]