

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|---|--|--------------------|---|---------------|---------------|--|---------------------------|
| Name of Committee in Full Teater for Hilliard | | | | | | | |
| Full Name of Contributor Joseph D. Erb | | | | | | Registration Number, if PAC | |
| Street Address 3453 Darby Glen Boulevard | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | M 0 | D 4 | Y 1 1 1 7 | Amount \$150.00 |
| Full Name of Contributor Angelo Serra | | | | | | Registration Number, if PAC | |
| Street Address 4240 Abbey Chase Court | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | M 0 | D 4 | Y 1 2 0 7 | Amount \$50.00 |
| Full Name of Contributor Michael McCloud | | | | | | Registration Number, if PAC | |
| Street Address 3608 Dockside Court | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | M 0 | D 4 | Y 1 2 1 7 | Amount \$25.00 |
| Full Name of Contributor Gary L. Orr | | | | | | Registration Number, if PAC | |
| Street Address 3528 River Landings Boulevard | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | M 0 | D 4 | Y 1 2 1 7 | Amount \$50.00 |
| Full Name of Contributor Angela Rader | | | | | | Registration Number, if PAC | |
| Street Address 5604 Greystone Lane | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | M 0 | D 4 | Y 1 2 1 7 | Amount \$50.00 |
| Full Name of Contributor Timothy W. Petrides | | | | | | Registration Number, if PAC | |
| Street Address 6728 Alberta Place | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Westerville | | State OH | Zip Code 43082 | M 0 | D 4 | Y 1 2 1 7 | Amount \$50.00 |
| Full Name of Contributor Sarah W. Schroeder | | | | | | Registration Number, if PAC | |
| Street Address 3830 Braidwood Drive | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | M 0 | D 4 | Y 1 2 1 7 | Amount \$150.00 |
| 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 |

* 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)]