Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Will Petrik for Columbus					
Full Name of Contributor Sarah Lukowski			Registration Number, if I	Registration Number, if PAC	
Street Address 365 W. 6th Ave Apt H	1	pation/Labor Organization* e University/Grad	luate Student	Form (Cash, Check, etc.) CrowdPac	
City Columbus	State OH	Zip Code 43201	0 2 2 3 1 7	Amount \$27.00	
Full Name of Contributor Sherrie Weitzenhoff			Registration Number, if I	PAC	
Street Address 1590 Orchard Dr	Employer/Occup Retired	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) CrowdPac	
City Bath	State OH	Zip Code 44210	0 2 2 3 1 7	Amount \$25.00	
Full Name of Contributor Katy Shusta			Registration Number, if F	Registration Number, if PAC	
Street Address 24 Hudson Ave	1 * * '	Employer/Occupation/Labor Organization* Ohio University/Graduate Student		Form (Cash, Check, etc.) CrowdPac	
City Athens	State OH	Zip Code 45701	0 2 2 3 1 7	Amount \$27.00	
Full Name of Contributor Jean Wentzel			Registration Number, if I	PAC	
Street Address PO Box 20153	Employer/Occup Retired	oation/Labor Organization*		Form (Cash, Check, etc.) CrowdPac	
City Columbus	State OH	Zip Code 43220	0 2 2 3 1 7	Amount \$27.00	
Full Name of Contributor Jill Altomare			Registration Number, if F	PAC	
Street Address 1574 Park Trial Dr	Employer/Occup Student	pation/Labor Organization*		Form (Cash, Check, etc.) CrowdPac	
City Westerville	State OH	Zip Code 43081	0 2 2 3 1 7	Amount \$27.00	
Full Name of Contributor Kevin C Turner			Registration Number, if F	Registration Number, if PAC	
Street Address 659 N James Road	1	pation/Labor Organization* byed/Chandler		Form (Cash, Check, etc.) CrowdPac	
City Columbus	State OH	Zip Code 43219	0 2 2 3 1 7	Amount \$10.00	
Full Name of Contributor Michael Hoza			Registration Number, if I	PAC	
Street Address 43 E. Tompkins St	Employer/Occup Retired	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) CrowdPac	
City Columbus	State OH	Zip Code 43202	M D Y 0 2 3 1 7	Amount \$27.00	
Full Name of Contributor Molly Hendrix			Registration Number, if F	PAC	
Street Address 157 E. Welch Ave	Employer/Occup Two Catere			Form (Cash, Check, etc.) CrowdPac	
City Columbus	State OH	Zip Code 43207	M D Y 0 2 2 3 1 7	Amount \$27.00	

^{*} 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)]