

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | |
|--|--------------------|---|---------------|---------------|--|---------------------------|
| Name of Committee in Full Citizens for Michael Schnetzer | | | | | | |
| Full Name of Contributor Huntington Bancshares Inc. Political Action Committee (HBI-PAC) | | | | | Registration Number, if PAC C00165589 | |
| Street Address 41 S. High St. | | Employer/Occupation/Labor Organization* Huntington Bancshares Inc. | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43287 | M 0 | D 9 | Y 0 | Amount \$300.00 |
| Full Name of Contributor Brenda Keller | | | | | Registration Number, if PAC | |
| Street Address 3391 Tama Rd. | | Employer/Occupation/Labor Organization* N/A - Retired | | | Form (Cash, Check, etc.) Electronic PayPal | |
| City Rockford | State OH | Zip Code 45882 | M 0 | D 9 | Y 1 | Amount \$50.00 |
| Full Name of Contributor Robert Stefkovich | | | | | Registration Number, if PAC | |
| Street Address 8850 Lyncris Dr. | | Employer/Occupation/Labor Organization* N/A - Retired | | | Form (Cash, Check, etc.) Check | |
| City Cincinnati | State OH | Zip Code 45242 | M 0 | D 9 | Y 3 | Amount \$100.00 |
| Full Name of Contributor Jeffrey Crippin MD | | | | | Registration Number, if PAC | |
| Street Address 24 Villa Coublay | | Employer/Occupation/Labor Organization* George Washington Univ. - Physician | | | Form (Cash, Check, etc.) Electronic PayPal | |
| City St. Louis | State MO | Zip Code 63131 | M 1 | D 0 | Y 2 | Amount \$100.00 |
| Full Name of Contributor Jane Peck | | | | | Registration Number, if PAC | |
| Street Address 1010 Ridge Crest Dr. | | Employer/Occupation/Labor Organization* N/A - Retired | | | Form (Cash, Check, etc.) Check | |
| City Gahanna | State OH | Zip Code 43230 | M 1 | D 0 | Y 1 | Amount \$25.00 |
| 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 |

* 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)]