

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full UA FOR ACCOUNTABILITY							
Full Name of Contributor BARTH FALKENBERG						Registration Number, if PAC	
Street Address 2501 ONANDAGA DR		Employer/Occupation/Labor Organization*				Form (Cash, ☒ Check, etc.)	
City UA	State OH	Zip Code 43221	M 08	D 26	Y 16	Amount 50.00	
Full Name of Contributor CAROL HOFER						Registration Number, if PAC	
Street Address 2671 MONTCAIRM RD		Employer/Occupation/Labor Organization*				Form (Cash, ☒ Check, etc.)	
City UA	State OH	Zip Code 43221	M 08	D 26	Y 16	Amount 50.00	
Full Name of Contributor STEPHEN MARTIN						Registration Number, if PAC	
Street Address 2515 DONNA DR.		Employer/Occupation/Labor Organization*				Form (Cash, ☒ Check, etc.)	
City UA	State OH	Zip Code 43220	M 08	D 26	Y 16	Amount 100.00	
Full Name of Contributor SHIRLEY MYERS						Registration Number, if PAC	
Street Address 2354 ARLINGTON AVE		Employer/Occupation/Labor Organization*				Form (Cash, ☒ Check, etc.)	
City UA	State OH	Zip Code 43221	M 08	D 26	Y 16	Amount 100	
Full Name of Contributor DAVID FRANTZ						Registration Number, if PAC	
Street Address 2348 ARLINGTON AVE.		Employer/Occupation/Labor Organization*				Form (Cash, ☒ Check, etc.)	
City UA	State OH	Zip Code 43221	M 08	D 26	Y 16	Amount 200	
Full Name of Contributor BETTY WINCHESTER						Registration Number, if PAC	
Street Address 2345 BRISTOL RD		Employer/Occupation/Labor Organization*				Form (Cash, ☒ Check, etc.)	
City UA	State OH	Zip Code 43221	M 08	D 26	Y 16	Amount 10	
Full Name of Contributor ANNE RILEY						Registration Number, if PAC	
Street Address 2363 TREMONT RD		Employer/Occupation/Labor Organization*				Form (Cash, ☒ Check, etc.)	
City UA	State OH	Zip Code 43221	M 08	D 26	Y 16	Amount 30	
Full Name of Contributor MARILYN LASH						Registration Number, if PAC	
Street Address 2528 LYTHAM RD		Employer/Occupation/Labor Organization*				Form (Cash, ☒ Check, etc.)	
City UA	State OH	Zip Code 43220	M 08	D 26	Y 16	Amount 50	

* 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)]