

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Schreiner							
Full Name of Contributor Jason Chad Dotson					Registration Number, if PAC		
Street Address 3323 Pebble Beach Road West		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 5	Y 0	Amount \$500.00	
Full Name of Contributor Friends of Donna O'Connor					Registration Number, if PAC		
Street Address 5065 Winchell Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43017	M 0	D 5	Y 0	Amount \$250.00	
Full Name of Contributor Citizens to Elect Maureen Reedy					Registration Number, if PAC		
Street Address 2777 Donna Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43220	M 0	D 5	Y 0	Amount \$250.00	
Full Name of Contributor Margurite J. Schreiner					Registration Number, if PAC		
Street Address 4728 Clayburn Drive East		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 5	Y 1	Amount \$100.00	
Full Name of Contributor Friends of Donna O'Connor					Registration Number, if PAC		
Street Address 5065 Winchell Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43017	M 0	D 7	Y 2	Amount \$250.00	
Full Name of Contributor Citizens to Elect Maureen Reedy					Registration Number, if PAC		
Street Address 2777 Donna Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43220	M 0	D 8	Y 1	Amount \$250.00	
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	

* 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)]

Page Total **\$1,600.00**