

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Monica DeBrock									
Full Name of Contributor Monica DeBrock						Registration Number, if PAC			
Street Address 7400 Bryden Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 8	Y 2	Y 5	Amount \$100.00
Full Name of Contributor Janice Lamott Collett						Registration Number, if PAC			
Street Address 2615 W. Sycamore Beach Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Angola		State IN	Zip Code 46703		M 0	D 9	Y 0	Y 5	Amount \$100.00
Full Name of Contributor Rae DeBrock						Registration Number, if PAC			
Street Address 138 W. Coldbrook Circle			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City The Woodlands		State TX	Zip Code 77381		M 0	D 9	Y 0	Y 5	Amount \$25.00
Full Name of Contributor Barth Cotner						Registration Number, if PAC			
Street Address 1862 Drugan CT SW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 9	Y 2	Y 0	Amount \$150.00
Full Name of Contributor Greg DeBrock						Registration Number, if PAC			
Street Address 18640 Heritage Tr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Strongsville		State OH	Zip Code 44136		M 1	D 0	Y 2	Y 0	Amount \$100.00
Full Name of Contributor Joan Curnutte						Registration Number, if PAC			
Street Address 6739 Bartlett Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Reynoldsburg		State OH	Zip Code 43068		M 1	D 0	Y 2	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	Zip Code		M	D	Y	Y	Amount
		OH							
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Y	Amount
		OH							

* 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)]