

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Schregardus							
Full Name of Contributor Rebecca Seiple						Registration Number, if PAC	
Street Address 5796 Lakeview Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Hilliard		State OH	Zip Code 43026		M 0	D 3	Y 0
						Amount \$200.00	
Full Name of Contributor Nancy Seymour						Registration Number, if PAC	
Street Address 540 Humboldt Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna		State OH	Zip Code 43230		M 0	D 3	Y 0
						Amount \$76.00	
Full Name of Contributor Daphne Maurer						Registration Number, if PAC	
Street Address 4901 Westborough Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Champaign		State IL	Zip Code 61822		M 0	D 3	Y 0
						Amount \$100.00	
Full Name of Contributor Tiffany Rumbalski						Registration Number, if PAC	
Street Address 3830 Westbrook Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Hilliard		State OH	Zip Code 43026		M 0	D 3	Y 2
						Amount \$10.00	
Full Name of Contributor Lisa Cohn						Registration Number, if PAC	
Street Address 34 Bayview Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Belfast		State ME	Zip Code 04915		M 0	D 3	Y 3
						Amount \$20.00	
Full Name of Contributor Bob Stowe						Registration Number, if PAC	
Street Address 6070 Coventry Cross			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Hilliard		State OH	Zip Code 43026		M 0	D 3	Y 3
						Amount \$20.00	
Full Name of Contributor Susan Looper-Friedman						Registration Number, if PAC	
Street Address 261 North Ardmore Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Bexley		State OH	Zip Code 43209		M 0	D 4	Y 0
						Amount \$50.00	
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
						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 **\$476.00**