

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR STEPHANIE KUNZE									
Full Name of Contributor Gerald Edwards						Registration Number, if PAC			
Street Address 1680 Andover Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State OH	Zip Code 43212		M 0	D 4	Y 2	Y 0	Amount \$75.00
Full Name of Contributor Steve Mazer						Registration Number, if PAC			
Street Address 3362 Harbor Bay Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 5	Y 0	Y 1	Amount \$25.00
Full Name of Contributor Barbara Hartong						Registration Number, if PAC			
Street Address 8232 Markhaven Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington		State OH	Zip Code 43235		M 0	D 4	Y 2	Y 5	Amount \$25.00
Full Name of Contributor Keep Summit County Engineer Greg Bachman						Registration Number, if PAC			
Street Address 2367 Burnham Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Akron		State OH	Zip Code 44313		M 0	D 4	Y 2	Y 4	Amount \$100.00
Full Name of Contributor Committee to Elect Donald Schonhardt						Registration Number, if PAC			
Street Address 5307 Franklin Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 0	D 5	Y 1	Y 8	Amount \$800.00
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							
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)]