

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Franklin County Young Democrats PAC							
Full Name of Contributor Michael Sexton					Registration Number, if PAC		
Street Address 984 Highland St.		Employer/Occupation/Labor Organization* City of Columbus/ Mavor's staff				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43201	M 0 4	D 2 4	Y 1 3	Amount 100.00	
Full Name of Contributor David Corev					Registration Number, if PAC		
Street Address 515 E. Torrence Road		Employer/Occupation/Labor Organization* PACA, Inc./ Lobbyist				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43214	M 0 4	D 1 5	Y 1 3	Amount 150.00	
Full Name of Contributor Brendan Kellev					Registration Number, if PAC		
Street Address 4030 N. High Street		Employer/Occupation/Labor Organization* Ohio Democratic Party/ Researcher				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43214	M 0 4	D 2 4	Y 1 3	Amount 50.00	
Full Name of Contributor Kristin Easterday					Registration Number, if PAC		
Street Address 478 W. 2nd Ave		Employer/Occupation/Labor Organization* Columbus Chamber/ Lobbyist				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43201	M 0 4	D 2 4	Y 13 	Amount 50.00	
Full Name of Contributor Elissa Schneider					Registration Number, if PAC		
Street Address 24 W. Russell		Employer/Occupation/Labor Organization* Mid-Ohio Foodbank/ Fundraiser				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 4	Y 1 3	Amount 26.00	
Full Name of Contributor John Calhoun					Registration Number, if PAC		
Street Address 370 Forest St,		Employer/Occupation/Labor Organization* Ohio Legislature, Legislative Aide				Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code	M 0 4	D 2 4	Y 1 3	Amount 20.00	
Full Name of Contributor Craig Scheidler					Registration Number, if PAC		
Street Address 1143 Harrison Ave		Employer/Occupation/Labor Organization* McClelland/Scheidler/ Owner				Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code	M 0 4	D 2 4	Y 1 3	Amount 20.00	
Full Name of Contributor Tyneisha Hardin					Registration Number, if PAC		
Street Address 4017 Commodor St.		Employer/Occupation/Labor Organization* City of Columbus, Communications				Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code 43224	M 0 4	D 2 4	Y 1 3	Amount 10.00	

* 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 appear. [R.C. 3517.10(B)(4)]