

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full UA FOR ACCOUNTABILITY									
Full Name of Contributor James Cross							Registration Number, if PAC		
Street Address 4082 Lyons				Employer/Occupation/Labor Organization*			Form (Cash, ☒ Check, etc.)		
City UA		State OH		Zip Code 43220		M 07		D 20	
						Y 16		Amount 100-	
Full Name of Contributor Dorothy Myers							Registration Number, if PAC		
Street Address 2865 Pickwick				Employer/Occupation/Labor Organization*			Form (Cash, ☒ Check, etc.)		
City UA		State OH		Zip Code 4322		M 07		D 20	
						Y 16		Amount 100-	
Full Name of Contributor Torathan Staut							Registration Number, if PAC		
Street Address 2360 Arlingtons Ave				Employer/Occupation/Labor Organization*			Form (Cash, ☒ Check, etc.)		
City UA		State OH		Zip Code 43221		M 07		D 20	
						Y 16		Amount 100-	
Full Name of Contributor Terance McKee							Registration Number, if PAC		
Street Address 4500 Longport Rd				Employer/Occupation/Labor Organization*			Form (Cash, ☒ Check, etc.)		
City UA		State OH		Zip Code 43220		M 07		D 20	
						Y 16		Amount 100-	
Full Name of Contributor Susan Dick							Registration Number, if PAC		
Street Address 2650 Walpurch Rd				Employer/Occupation/Labor Organization*			Form (Cash, ☒ Check, etc.)		
City UA		State OH		Zip Code 43221		M 07		D 26	
						Y 16		Amount 100-	
Full Name of Contributor Stephen Busen							Registration Number, if PAC		
Street Address 2748 Andover Rd				Employer/Occupation/Labor Organization*			Form (Cash, ☒ Check, etc.)		
City UA		State OH		Zip Code 43221		M 07		D 26	
						Y 16		Amount 500-	
Full Name of Contributor Robert Wachunas							Registration Number, if PAC		
Street Address 2405 Edgewood Rd				Employer/Occupation/Labor Organization*			Form (Cash, ☒ Check, etc.)		
City UA		State OH		Zip Code 43221		M 07		D 26	
						Y 16		Amount 20-	
Full Name of Contributor Robert Fenton							Registration Number, if PAC		
Street Address 2177 Oakmont Rd				Employer/Occupation/Labor Organization*			Form (Cash, ☒ Check, etc.)		
City UA		State OH		Zip Code 43221		M 07		D 26	
						Y 16		Amount 25-	

* 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 \$ **1,045**