

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Will Petrik for Columbus							
Full Name of Contributor Jacob Jurbank					Registration Number, if PAC		
Street Address 781 E. Weber Rd		Employer/Occupation/Labor Organization* Nationwide Children's Hospital/Message Therapist			Form (Cash, Check, etc.) CrowdPac		
City Columbus	State OH	Zip Code 43211	M 0	D 2	Y 2	Amount \$27.00	
Full Name of Contributor Devin Frazee					Registration Number, if PAC		
Street Address 66 Dakota Ave		Employer/Occupation/Labor Organization* Columbus Learning Cooperative/Director			Form (Cash, Check, etc.) CrowdPac		
City Columbus	State OH	Zip Code 43222	M 0	D 2	Y 2	Amount \$50.00	
Full Name of Contributor Christopher Shea					Registration Number, if PAC		
Street Address 270 Orchard Lane		Employer/Occupation/Labor Organization* Vrys Sater Seymour & Pease LLP/Attorney			Form (Cash, Check, etc.) CrowdPac		
City Columbus	State OH	Zip Code 43214	M 0	D 2	Y 2	Amount \$27.00	
Full Name of Contributor Danielle Smith					Registration Number, if PAC		
Street Address 36 E Beaumont Rd		Employer/Occupation/Labor Organization* NASW Ohio Chapter/Executive Director			Form (Cash, Check, etc.) CrowdPac		
City Columbus	State OH	Zip Code 43214	M 0	D 2	Y 2	Amount \$25.00	
Full Name of Contributor Michelle Kaiser					Registration Number, if PAC		
Street Address 878 West Rich St		Employer/Occupation/Labor Organization* Ohio State University/Asst. Professor			Form (Cash, Check, etc.) CrowdPac		
City Columbus	State OH	Zip Code 43222	M 0	D 2	Y 2	Amount \$50.00	
Full Name of Contributor Alexander Stigler					Registration Number, if PAC		
Street Address 1803 N 4th St		Employer/Occupation/Labor Organization* Columbus State Comm. College/Program Coord.			Form (Cash, Check, etc.) CrowdPac		
City Columbus	State OH	Zip Code 43201	M 0	D 1	Y 0	Amount \$27.00	
Full Name of Contributor Will Petrik					Registration Number, if PAC		
Street Address 350 E. Tompkins St Unit B		Employer/Occupation/Labor Organization* Local Matters/Grant Writer			Form (Cash, Check, etc.) CrowdPac		
City Columbus	State OH	Zip Code 43202	M 0	D 1	Y 0	Amount \$100.00	
Full Name of Contributor Joseph Sommer					Registration Number, if PAC		
Street Address 5672 Great Hall Court		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) CrowdPac		
City Columbus	State OH	Zip Code 43231	M 0	D 2	Y 0	Amount \$100.00	

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

Page Total **\$406.00**