

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 Schadek					Registration Number, if PAC		
Street Address 1537 Guilford Rd		Employer/Occupation/Labor Organization* Law Office of Michael Schadek/ Attorney				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 5	Y 0	Amount 25.00	
Full Name of Contributor Robert Doersam					Registration Number, if PAC		
Street Address 3218 Long Cove Ct		Employer/Occupation/Labor Organization* Fundraiser,				Form (Cash, Check, etc.) Check	
City Pickerington	State OH	Zip Code 43147	M 0	D 4	Y 2	Amount 50.00	
Full Name of Contributor RMB Consultants					Registration Number, if PAC		
Street Address 545 E. Town St		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Nathan Hall					Registration Number, if PAC		
Street Address 7103 Brightwaters Court		Employer/Occupation/Labor Organization* Ohio legislature, legislative aide				Form (Cash, Check, etc.) Check	
City Liberty Township	State OH	Zip Code 45011	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Evan Klevmever					Registration Number, if PAC		
Street Address 127 W. Hubbard Ave		Employer/Occupation/Labor Organization* Ohio legislature, legislative aide				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Joshua Grossman					Registration Number, if PAC		
Street Address 95 E. 1st Ave Apt. 1		Employer/Occupation/Labor Organization* Student				Form (Cash, Check, etc.) 20.00	
City Columbus	State OH	Zip Code 43201	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Jacob Manser					Registration Number, if PAC		
Street Address 984 N High Street Apt 303		Employer/Occupation/Labor Organization* Student				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43201	M 0	D 4	Y 2	Amount 20.00	
Full Name of Contributor Mary Woods					Registration Number, if PAC		
Street Address 1022 Blind Brook Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 4	Y 2	Amount 25.00	

* 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)]