Page

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Kristen Frystak Street Address 2604 Woodstock Rd City Upper Arlington Full Name of Contributor City Acceptable Registration State City O	Name of Committee in Full										
Repletation Number, if PAC Repletation Number, if PAC Repletation Number, if PAC Repletation Number, if PAC Part (Cash, Check, ss.)											
	Full Name of Contributor						Registration Number, if PAC				
Street Address Employer/Occupation/Labor Organization* Street (Cash, Check, etc.) Check Chec	Kristen Frystak										
State	Street Address	Employe	r/Occupa	ntion/Labor Organization*		-		Form (Cash, Chec	k, etc.)		
City	2604 Woodstock Rd							check			
Part Carb	City	St	ate	Zip Code	M	D	Υ	Amount			
Registration Number, if PAC State Zip Code M D Y Amount	Upper Arlington	0	Н	43221	0 4	2 1	1 1		20.00		
Employer/Occupation/Labor Organization* Form (Cath, Check, etc.) Check	Full Name of Contributor				Registra	ion Num	ber, if PA	AC .			
Employer/Occupation/Labor Organization*	Douglas Parker				.						
State State State State State State State	Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Chec	k, etc.)		
State	687 Rosehill Rd	-						check			
Form (Cash, Check, etc.) Check Form (Cash,	City	St	ate	Zip Code	М	D	Y	Amount			
Fail Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Revnoldsburg	0	H	43068	0 4	2 1	1 1		30.00		
Street Address	Full Name of Contributor		-		Registra	ion Num	ber, if PA	(C			
Street Address	Julie Baldwin										
State		Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)		
Gahanna	755 Autumn Ash Court	İ						check			
Full Name of Contributor	City	St	ate	Zip Code			į.	Amount			
Employer/Occupation/Labor Organization*	Gahanna		Н	43230	0 4	2 1	1 1		20.00		
Employer/Occupation/Labor Organization*	Full Name of Contributor				Registra	tion Num	ber, if PA	AC			
State Zip Code M D Y Amount	Elizabeth Debney										
State Zip Code M D Y Amount 60.00	Street Address	Employer/Occupation/Labor Organization*							ck, etc.)		
Columbus	3438 Tivoli Ct							check			
Registration Number, if PAC	City	St	ate	Zip Code	М	1		Amount			
Leslie Tanchevski Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check	Columbus	0	H	43230	0 4	2 1	1 1		60.00		
Street Address	Full Name of Contributor				Registra	tion Nur	ber, if PA	\C			
1131 Gwyndale Dr	Leslie Tanchevski										
State	Street Address	Employer/Occupation/Labor Organization*						1			
New Albany	1131 Gwyndale Dr							check			
Registration Number, if PAC	City	Sı	ate			1		Amount			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	New Albany	0	<u> </u> H	43054	0 4	2 1	1 1		20.00		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor				Registra	tion Nur	ber, if PA	AC			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Mark Kinser	Mark Kinser									
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address	Employer/Occupation/Labor Organization*						1	ck, etc.)		
Gahanna	5029 Sugar Plum St							check			
Registration Number, if PAC	City	1		·			1	B			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Gahanna	0	H	43230	0 4	2 1	1 1 1		20.00		
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check	Full Name of Contributor				Registra	tion Nun	ber, if PA	AC			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Loni Williams										
City State Zip Code M D Y Amount Blacklick O H 43004 0 4 2 1 1 1 1 20.00 Full Name of Contributor Lindsay Dexter Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 6402 Skimmer Lane City State Zip Code M D Y Amount Gahanna O H 43230 0 4 2 1 1 1 1 1 1 20.00	Street Address	Employer/Occupation/Labor Organization*							ck, etc.)		
Blacklick O H 43004 0 4 2 1 1 1 20.00 Full Name of Contributor Lindsay Dexter Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 6402 Skimmer Lane City State Zip Code M D Y Amount Gahanna O H 43230 0 4 2 1 1 1 20.00	6405 Darling Rd							check			
Registration Number, if PAC Lindsay Dexter Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount Amount Cash anna O H 43230 O 4 2 1 1 1 20.00 20.00 Check City Cash anna City Code City Code City Ci	City	s		1 '	М	1 .	Y	Amount			
Lindsay Dexter Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 6402 Skimmer Lane State Zip Code M D Y Amount City O H 43230 0 4 2 1 1 1 20.00	Blacklick	0	H	43004	0 4	2 1	1 1 1	<u> </u>	20.00		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 6402 Skimmer Lane State Zip Code M D Y Amount Gahanna O H 43230 0 4 2 1 1 1 1 1 20.00	Full Name of Contributor				Registra	tion Nun	iber, if P	AC			
6402 Skimmer Lane check City State Zip Code M D Y Amount Gahanna O H 43230 0 4 2 1 1 1 1 1 20.00	Lindsay Dexter										
City State Zip Code M D Y Amount Gahanna O H 43230 0 4 2 1 1 1 1 20.00		Employer/Occupation/Labor Organization*						ck, etc.)			
Gahanna O H 43230 0 4 2 1 1 1 20.00	6402 Skimmer Lane							check			
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			!						20.00		

* 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)]

Page Total \$ 210.00