

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>WE ARE RAIDERS</b>							
Full Name of Contributor <b>SCHOTTENSTEIN, ZOX &amp; DUNN State and Local PAC</b>						Registration Number, if PAC	
Street Address <b>250 WEST STREET</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>			State <b>OH</b>	Zip Code <b>43215</b>		M <b>1</b>	D <b>0</b>
						Y <b>2</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>PEPPLE &amp; WAGGONER, LTD</b>						Registration Number, if PAC	
Street Address <b>5005 ROCKSIDE ROAD</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>CLEVELAND</b>			State <b>OH</b>	Zip Code <b>44131</b>		M <b>1</b>	D <b>0</b>
						Y <b>2</b>	Amount <b>\$2,000.00</b>
Full Name of Contributor <b>KMS GROUP, LTD</b>						Registration Number, if PAC	
Street Address <b>338 HARBOR VIEW HEIGHTS</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>THORNVILLE</b>			State <b>OH</b>	Zip Code <b>43076</b>		M <b>1</b>	D <b>0</b>
						Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>DANIEL HOFFMAN</b>						Registration Number, if PAC	
Street Address <b>221 PARADISE VALLEY DRIVE</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>ALEXANDRIA</b>			State <b>OH</b>	Zip Code <b>43001</b>		M <b>1</b>	D <b>0</b>
						Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>VALERIE ZIELINSKI-MAHER</b>						Registration Number, if PAC	
Street Address <b>166 N CASSIDY AVE</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>			State <b>OH</b>	Zip Code <b>43209</b>		M <b>1</b>	D <b>0</b>
						Y <b>2</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>LEE GRAY</b>						Registration Number, if PAC	
Street Address <b>548 RAMBLING BROOK DR</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>PICKERINGTON</b>			State <b>OH</b>	Zip Code <b>43147</b>		M <b>1</b>	D <b>1</b>
						Y <b>0</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>CHRIS SMITH</b>						Registration Number, if PAC	
Street Address <b>383 RAMBLING BROOK DR</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>PICKERINGTON</b>			State <b>OH</b>	Zip Code <b>43147</b>		M <b>1</b>	D <b>1</b>
						Y <b>0</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>INDIVIDUALS - T-SHIRT SALES -LIST ATTACHED</b>						Registration Number, if PAC	
Street Address <b>7244 MAIN STREET</b>			Employer/Occupation/Labor Organization* <b>OCCUPATION</b>			Form (Cash, Check, etc.) <b>CHECK/CASH</b>	
City <b>REYNOLDSBURG</b>			State <b>OH</b>	Zip Code <b>43068</b>		M <b>1</b>	D <b>0</b>
						Y <b>3</b>	Amount <b>\$570.00</b>

\* 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)]