

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full COMMITTEE TO REELECT WILLIAM LOTZ									
Full Name of Contributor JEFFREY WIDNER						Registration Number, if PAC			
Street Address 282 SOUTH BURGESS AVE			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CK		
City COLUMBUS		State OH	Zip Code 43204		M 1	D 0	Y 1	5	Amount \$50.00
Full Name of Contributor GROVE CITY AREA REPUBLICAN CLUB						Registration Number, if PAC			
Street Address 4152 PATZER AVE			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CK		
City GROVE CITY,		State OH	Zip Code 43123		M 1	D 0	Y 1	9	Amount \$444.00
Full Name of Contributor CARL A PATZER						Registration Number, if PAC			
Street Address 3639 ORDERS RD			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CK		
City GROVE CITY		State OH	Zip Code 43123		M 1	D 0	Y 1	7	Amount \$50.00
Full Name of Contributor JOE SUGAR, JR						Registration Number, if PAC			
Street Address 1568 ROXBURY RD			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CK		
City COLUMBUS		State OH	Zip Code 43212		M 1	D 0	Y 2	1	Amount \$200.00
Full Name of Contributor L JACK RUSCILLI						Registration Number, if PAC			
Street Address 1957 LAKE SHORE DR			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CK		
City COLUMBUS		State OH	Zip Code 43204		M 1	D 0	Y 2	6	Amount \$100.00
Full Name of Contributor JACK L WIDNER						Registration Number, if PAC			
Street Address 4287 BROADWAY			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) CASH		
City GROVE CITY		State OH	Zip Code 43123		M 1	D 2	Y 0	1	Amount \$100.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y		Amount

* 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 **\$944.00**