

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full													
Full Name of Contributor Tara Frederick						Registration Number, if PAC							
Street Address 5096 Harlem Rd.			Employer/Occupation/Labor Organization* PLEA			Form (Cash, Check, etc.)							
City Galena		State OH		Zip Code 43021		M <input type="checkbox"/>		D <input type="checkbox"/>		Y <input type="checkbox"/>		Amount 5.00	
Full Name of Contributor Chelsie DeFlinter						Registration Number, if PAC							
Street Address 325 Hillgail Rd.			Employer/Occupation/Labor Organization* PLEA			Form (Cash, Check, etc.)							
City Pataskala		State OH		Zip Code 43062		M <input type="checkbox"/>		D <input type="checkbox"/>		Y <input type="checkbox"/>		Amount \$5.00	
Full Name of Contributor Jacqueline Ziptel						Registration Number, if PAC							
Street Address 3895 Village Club Dr.			Employer/Occupation/Labor Organization* PLEA			Form (Cash, Check, etc.) Cash							
City Powell		State OH		Zip Code 43065		M <input type="checkbox"/>		D <input type="checkbox"/>		Y <input type="checkbox"/>		Amount 5	
Full Name of Contributor Julie Braatz						Registration Number, if PAC							
Street Address 6450 Dorchester Dr			Employer/Occupation/Labor Organization* PLEA			Form (Cash, Check, etc.) Cash							
City Westerville		State OH		Zip Code 43082		M <input type="checkbox"/>		D <input type="checkbox"/>		Y <input type="checkbox"/>		Amount 10.00	
Full Name of Contributor Sarah Carson						Registration Number, if PAC							
Street Address 652 Caffrey Ct E			Employer/Occupation/Labor Organization* PLEA			Form (Cash, Check, etc.) Cash							
City Greene City		State OH		Zip Code 43123		M <input type="checkbox"/>		D <input type="checkbox"/>		Y <input type="checkbox"/>		Amount 5.00	
Full Name of Contributor Linda Derrow						Registration Number, if PAC							
Street Address 664 River Trace			Employer/Occupation/Labor Organization* PLEA			Form (Cash, Check, etc.) Cash							
City Westerville		State OH		Zip Code 43081		M <input type="checkbox"/>		D <input type="checkbox"/>		Y <input type="checkbox"/>		Amount 5.00	
Full Name of Contributor Jaime Slane						Registration Number, if PAC							
Street Address 1641 Shale Run Dr.			Employer/Occupation/Labor Organization* PLEA			Form (Cash, Check, etc.) Cash							
City Delaware, OH		State OH		Zip Code 43015		M <input type="checkbox"/>		D <input type="checkbox"/>		Y <input type="checkbox"/>		Amount 5.00	
Full Name of Contributor Krustina Pratt						Registration Number, if PAC							
Street Address 1680 Canvasback Ln			Employer/Occupation/Labor Organization* PLEA			Form (Cash, Check, etc.) Cash							
City Columbus		State OH		Zip Code 43215		M <input type="checkbox"/>		D <input type="checkbox"/>		Y <input type="checkbox"/>		Amount 5.00	

* 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)]