

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Full Name of Contributor Sandy Bolzenius				Registration Number, if PAC			
Street Address 76 W. Blake Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43202	M 0	D 6	Y 1	Amount 10.00	
Full Name of Contributor Leticia O'Dell				Registration Number, if PAC			
Street Address 7976 McCreary Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Broadview Heights	State OH	Zip Code 44147	M 0	D 6	Y 1	Amount 100.00	
Full Name of Contributor Bill Lvons				Registration Number, if PAC			
Street Address 245 Wahalla Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State OH	Zip Code 43202	M 0	D 6	Y 1	Amount 19.12	
Full Name of Contributor Sandy Bolzenius				Registration Number, if PAC			
Street Address 76 W. Blake Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43202	M 0	D 6	Y 2	Amount 20.00	
Full Name of Contributor Greg Pace				Registration Number, if PAC			
Street Address 3485 Indianola Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Columbus	State OH	Zip Code 43214	M 0	D 6	Y 2	Amount 9.41	
Full Name of Contributor Charlotte Owens				Registration Number, if PAC			
Street Address P.O. Box 73		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Lithopolis	State OH	Zip Code 43136	M 0	D 6	Y 2	Amount 19.12	
Full Name of Contributor ComFest donation jar (bundled small donations)				Registration Number, if PAC			
Street Address Goodale Park		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code	M 0	D 6	Y 3	Amount 17.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 194.65