| Page <u>5</u> |
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| `                                    |   | ·                                       |                |                          |                          | <u> </u>                 |
|--------------------------------------|---|---|----------------|--------------------------|--------------------------|--------------------------|
| Name of Committee in Full            |   |   |                |                          |                          |                          |
| Citizens for Rachael Dorothy         |   |   |                |                          |                          |                          |
| Full Name of Contributor             |   |   | Registra       | ion Numi                 | er, if PA                | С                        |
| Jane Rhoades                         |   |   |                |                          |                          |                          |
| Street Address                       | Employer/Occup                          | ation/Labor Organization*               |                |                          |                          | Form (Cash, Check, etc.) |
| 283 Kenbrook Drive                   |   |   |                |                          |                          | Cash                     |
| City                                 | State                                   | Zip Code                                | М              | D                        | Y                        | Amount                   |
| Worthington                          | OH                                      | 43085                                   | 0 9            | 0 5                      | 1 1                      | 40.00                    |
| Full Name of Contributor             |   | ···                                     | Registra       |                          | ber, if PA               | С                        |
| Joe Schulz                           |   |   |                |                          |                          |                          |
| Street Address                       | Employer/Occup                          | pation/Labor Organization*              |                |                          |                          | Form (Cash, Check, etc.) |
| 7223 Lilac Court                     |   |   |                |                          |                          | PayPal                   |
| City                                 | State                                   | Zip Code                                | M              | D                        | Y                        | Amount                   |
| Holland                              | ОН                                      | 43528                                   | 0 9            | 3 0                      | 1   1                    | 50.00                    |
| Full Name of Contributor             |   | 10010                                   |                |                          | ber, if PA               |                          |
| Cal Taylor                           |   |   |                |                          |                          |                          |
| Street Address                       | Employer/Occur                          | Employer/Occupation/Labor Organization* |                |                          |                          | Form (Cash, Check, etc.) |
| 701 Morning Street                   | Employ of Overpanou Subor Organisanon   |   |                |                          |                          | Cash                     |
| City                                 | State                                   | Zip Code                                | М              | D                        | Y                        | Amount                   |
| Worthington                          | OH                                      | 43085                                   | 019            | 1 5                      | 1   1                    | 50.00                    |
| Full Name of Contributor             | 1013                                    | 1 40000                                 |                |                          | ber, if PÁ               |                          |
| Rachael Dorothy                      |   |   |                |                          | ,                        | ·-<br>·                  |
| Street Address                       | Employer/Occur                          | ration/Labor Oreanization*              |                |                          |                          | Form (Cash, Check, etc.) |
| 179 Kenbrook Drive                   | Employer/Occupation/Labor Organization* |   |                |                          | Cash                     |                          |
|                                      | State                                   | Zip Code                                | Тм             | D                        | ΙΥ                       | Amount                   |
| City VAI a with import on            | OH                                      | 43085                                   | 0 5            |                          | 1   1                    | 50.00                    |
| Worthington Full Name of Contributor | [ 0   11                                | 43063                                   |                |                          | ber, if PA               |                          |
| Pult Name of Contributor             |   |   | Registia       | non rum                  | oei, ii i A              | ·                        |
| Street Address                       | Employer/Occupation/Labor Organization* |   |                | Form (Cash, Check, etc.) |                          |                          |
| Sheet Address                        | Chiproyenoccu                           | pation Caoca Organization               |                |                          |                          | om (casi, chesa, sic.)   |
| Ci.                                  | State                                   | Zip Code                                | М              | D                        | Y                        | Amount                   |
| City                                 | State                                   | Zip Code                                | "              |                          | 1 1                      | Tunount                  |
|                                      |   |   | Dominton.      | ia Nos                   | ber, if PA               |                          |
| Full Name of Contributor             |   |   | кедына         | uon num                  | DÇI, II FA               |                          |
|                                      | r1/0                                    |   |                |                          |                          | Form (Cash, Check, etc.) |
| Street Address                       | Employer/Occup                          | pation/Labor Organization*              |                |                          |                          | rom (Cash, Check, etc.)  |
|                                      |   | 17: 0.1                                 | 1 14           | L 5                      | 1 7                      | A                        |
| City                                 | State                                   | Zip Code                                | M              | D                        | Y                        | Amount                   |
|                                      |   |   | D - i - i -    | i NT                     | L - EDA                  | <u> </u>                 |
| Full Name of Contributor             |   |   | Registra       | tion Num                 | ber, if PA               | i.C                      |
| <u> </u>                             |   |   |                |                          |                          | n (0 1 0 1 1 1 1         |
| Street Address                       | Employer/Occu                           | pation/Labor Organization*              |                |                          |                          | Form (Cash, Check, etc.) |
|                                      |   | · •                                     |                | <del></del>              | T                        |                          |
| City                                 | State                                   | Zip Code                                | M <sub>1</sub> | D                        | Y                        | Amount                   |
|                                      |   |   |                |                          |                          |                          |
| Full Name of Contributor             |   |   | Registra       | tion Num                 | ber, if PA               | vC                       |
|                                      |   | · · · · · · · · · · · · · · · · · · ·   |                |                          |                          | <u></u>                  |
| Street Address                       | Employer/Occupation/Labor Organization* |   |                |                          | Form (Cash, Check, etc.) |                          |
|                                      |   |   |                |                          |                          |                          |
| City                                 | State                                   | Zip Code                                | М              | D                        | Y                        | Amount                   |
|                                      |   | 1                                       |                | <u> </u>                 |                          | <u> </u>                 |

\* 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 \$ | 190.00 |
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