

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRIENDS OF WALL						
Full Name of Contributor LYNNE MAZEIKA				Registration Number, if PAC		
Street Address 8690 CLIFFWOOD CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City MENTOR	State O H	Zip Code 44060	M 0	D 4	Y 0923	Amount 96.00
Full Name of Contributor LAURIE GODIC				Registration Number, if PAC		
Street Address 6215 MELSHORE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City MENTOR	State O H	Zip Code 44060	M 0	D 4	Y 1023	Amount 32.00
Full Name of Contributor PAULETTE B SPEHEK				Registration Number, if PAC		
Street Address 9238 HIDDEN VALLEY CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City MENTOR	State O H	Zip Code 44060	M 0	D 4	Y 1023	Amount 32.00
Full Name of Contributor BOBBY WALL				Registration Number, if PAC		
Street Address 924 ARDEN AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City PAINESVILLE	State O H	Zip Code 44077	M 0	D 4	Y 1023	Amount 100.00
Full Name of Contributor CONNIE BEVERAGE				Registration Number, if PAC		
Street Address 8941 DORAL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City MENTOR	State O H	Zip Code 44060	M 0	D 4	Y 1123	Amount 50.00
Full Name of Contributor ADAM ANDERSON				Registration Number, if PAC		
Street Address 5951 CENTER ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City MENTOR	State O H	Zip Code 44060	M 0	D 4	Y 1123	Amount 25.00
Full Name of Contributor DANIEL CROWDER				Registration Number, if PAC		
Street Address 8107 MIDDLESEX RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City MENTOR	State O H	Zip Code 44060	M 0	D 4	Y 1123	Amount 25.32
Full Name of Contributor AMANDA YOUNG				Registration Number, if PAC		
Street Address 8172 CONCORD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City MENTOR	State O H	Zip Code 44060	M 0	D 4	Y 1123	Amount 50.00



* 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 appear. [R.C. 3517.10(B)(4)]

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Name of Committee in Full FRIENDS OF WALL						
Full Name of Contributor RONALD L PROSEK				Registration Number, if PAC		
Street Address 7439 CASE AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK 2832	
City MENTOR	State OH <input checked="" type="checkbox"/>	Zip Code 44060	M 0	D 9	Y 0	Amount \$300.00
Full Name of Contributor MARY JO STACK				Registration Number, if PAC		
Street Address 8131 INDEPENDENCE DR APT D		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK 1713	
City MENTOR	State OH <input checked="" type="checkbox"/>	Zip Code 44060	M 0	D 9	Y 0	Amount \$50.00
Full Name of Contributor CONNIE BEVERAGE				Registration Number, if PAC		
Street Address 8941 DORAL DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK 2894	
City MENTOR	State OH <input checked="" type="checkbox"/>	Zip Code 44060	M 0	D 8	Y 3	Amount \$5,500.00
Full Name of Contributor PATRICIA DENNY				Registration Number, if PAC		
Street Address 7465 MOUNTAIN QUAIL PL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK 515	
City PAINESVILLE	State OH <input checked="" type="checkbox"/>	Zip Code 44077	M 0	D 9	Y 0	Amount \$500.00
Full Name of Contributor JOHN D, GRIFFIN				Registration Number, if PAC		
Street Address 9620 DEER RIDGE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK 1201	
City MENTOR	State OH <input checked="" type="checkbox"/>	Zip Code 44060	M 0	D 8	Y 3	Amount \$3,000.00
Full Name of Contributor CONSTANCE PELTON IRVIN				Registration Number, if PAC		
Street Address 9455 HEADLANDS RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CK 2011	
City MENTOR	State OH <input checked="" type="checkbox"/>	Zip Code 44060	M 0	D 9	Y 0	Amount \$100.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	Zip Code	M	D	Y	Amount

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Name of Committee in Full FRIENDS OF WALL						
Full Name of Contributor SUSAN STAMBERGER				Registration Number, if PAC		
Street Address 11229 SIRE CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City PAINESVILLE	State OH <input checked="" type="checkbox"/>	Zip Code 44077	M 0	D 8	Y 1	Amount \$45.00
Full Name of Contributor PAUL MILLER				Registration Number, if PAC		
Street Address 7408 CENTER ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City MENTOR	State OH <input checked="" type="checkbox"/>	Zip Code 44060	M 0	D 8	Y 1	Amount \$90.00
Full Name of Contributor JACOB BUATHIER				Registration Number, if PAC		
Street Address 33 BIG ROCK DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City PAINESVILLE	State OH <input checked="" type="checkbox"/>	Zip Code 44077	M 0	D 8	Y 1	Amount \$45.00
Full Name of Contributor JAMES DUGAN				Registration Number, if PAC		
Street Address 6211 SHORE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City MADISON	State OH <input checked="" type="checkbox"/>	Zip Code 44057	M 0	D 8	Y 1	Amount \$45.00
Full Name of Contributor CONNIE BEVERAGE				Registration Number, if PAC		
Street Address 8941 DORAL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City MENTOR	State OH <input checked="" type="checkbox"/>	Zip Code 44060	M 0	D 8	Y 1	Amount \$500.00
Full Name of Contributor MAUREEN G KELLY				Registration Number, if PAC		
Street Address 9607 DUBLIN LN		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City MENTOR	State OH <input checked="" type="checkbox"/>	Zip Code 44060	M 0	D 8	Y 1	Amount \$135.00
Full Name of Contributor JASON KASUNIK				Registration Number, if PAC		
Street Address 35985 REEVES RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ACTBLUE	
City EASTLAKE	State OH <input checked="" type="checkbox"/>	Zip Code 44095	M 0	D 8	Y 1	Amount \$45.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH <input checked="" type="checkbox"/>	Zip Code	M	D	Y	Amount

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