	14/2
13	711
Page	See 1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				***************************************			
FRIENDS OF WALL							
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
LYNNE MAZEIKA							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
8690 CLIFFWOOD CT						ACTBLUE	
City	State	Zip Code	M	D	Y	Amount	
MENTOR	OH	44060	0 4	0 9	2 3	96.0	
Full Name of Contributor	Registration Number, if PAC						
LAURIE GODIC							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
6215 MELSHORE DR						ACTBLUE	
City	State	Zip Code	M	D	Υ	Amount .	
MENTOR	OH	44060	0 4	10	2 3	32.0	
Full Name of Contributor			and an arrangement of the second	dan mariana	ber, if PA		
PAULETTE B SPEHEK							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
9238 HIDDEN VALLEY CT	0000					ACTBLUE	
City	State	Zip Code	М	D	Y	Amount	
MENTOR	OH	44060	0 4	10	2 3	32.0	
Full Name of Contributor			una de contrata de la contrata del contrata de la contrata del contrata de la contrata del la contrata de la contrata del la contrata de la c	danagan danagan	ber, if PA	C	
BOBBY WALL							
Street Address	Employer/Occupa	stion/Labor Organization*				Form (Cash, Check, etc.)	
924 ARDEN AVE	000					ACTBLUE	
City -	State	Zip Code	М	D	Y	Amount	
PAINESVILLE	OH	44077	0 4	1 0	2 3	100.0	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
CONNIE BEVERAGE							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
8941 DORAL DR	double					ACTBLUE	
Сиу	State	Zip Code	М	D	Y	Amount	
MENTOR	OH	44060	0 4	1 1	2 3	50.0	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
ADAM ANDERSON							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
5951 CENTER ST	400000					ACTBLUE	
City	State	Zip Code	M	D	Y	Amount	
MENTOR	OH	44060	0 4	1 1	2 3	25.0	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
DANIEL CROWDER							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
8107 MIDDLESEX RD	anno anno anno anno anno anno anno anno					ACTBLUE	
City	State	Zip Code	M	D	Y	Amount	
MENTOR	OH	44060		1 1		25.3	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
AMANDA YOUNG							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
8172 CONCORD DR					miliation successives assessed	ACTBLUE	
City	State	Zip Code	M	D	Y	Amount	
MENTOR	0 H	44060	0 4	1 1	2 3	50.0	

* 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)]





Statement of Contributions Received

Page 29

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF WALL							
Full Name of Contributor RONALD L PROSEK			Registration Number, if P	AC			
Street Address 7439 CASE AVE	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) CK 2832			
City MENTOR	OH 🔄	Zip Code 44060	0 9 0 9 2 3	Amount \$300.00			
Full Name of Contributor MARY JO STACK			Registration Number, if P	AC			
Street Address 8131 INDEPENDENCE DR APT D	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) CK 1713			
City MENTOR	OH 💆	Zip Code 44060	D 9 D 6 2 3	Amount \$50.00			
Name of Contributor CONNIE BEVERAGE			Registration Number, if PAC				
Street Address 8941 DORAL DRIVE	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) CK 2894			
City MENTOR	OH E	Zip Code 44060	0 8 3 1 2 3	Amount \$5,500.00			
Full Name of Contributor PATRICIA DENNY Registration Number, if PAC							
Street Address 7465 MOUNTAIN QUAIL PL	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) CK 515			
City PAINESVILLE	State OH 🗷	Zip Code 44077	0 9 0 8 2 3	Amount \$500,00			
Full Name of Contributor JOHN D, GRIFFIN			Registration Number, if P	AC			
Street Address 9620 DEER RIDGE	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) CK 1201			
City MENTOR	OH E	Zip Code 44060	0 8 3 1 2 3	Amount \$3,000.00			
Full Name of Contributor CONSTANCE PELTON IRVIN			Registration Number, if P	AC			
Street Address 9455 HEADLANDS RD	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) CK 2011			
City MENTOR	OH E	Zip Code 44060	0 9 0 6 2 3	Amount \$100.00			
Full Name of Contributor			Registration Number, if P	AC .			
Street Address	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)			
City	State OH ∑	Zip Code		Amount			
Full Name of Contributor			Registration Number, if P	AC			
Street Address	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)			
City	OH E	Zip Code	M D Y	Amount			

Page Total \$9,450.00

^{*} 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF WALL							
Full Name of Contributor SUSAN STAMBERGER				Registra	ation Numb	er, if PA	.c
Street Address 11229 SIRE CT	Employer/i	Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)
City PAINESVILLE	State		Zip Code 44077	0 8	D 5 2	Y : 3	Атона \$45.00
Full Name of Contributor PAUL MILLER							C
Street Address 7408 CENTER ST	Employes/)ccupat	ion/Labor Organization*				Form (Cash, Check, etc.) ACTBLUE
City MENTOR	State OH	F	Zip Code 44060	0 8	1 5 2	У ! З	Amount \$90.00
Full Name of Contributor JACOB BUATHIER Registration Number, if					er, if P/	C	
Street Address 33 BIG ROCK DR	Employer/0	Occupat	ion/Labor Organization*				Form (Cash, Check, etc.) ACTBLUE
City PAINESVILLE	State	T	Zip Code 44077	0 ^M 8	1 6 2	2 3	Amount \$45.00
Full Name of Contributor JAMES DUGAN Registration Number, if PAC							C
Street Address 6211 SHORE DR	Employer/6	Эссират	iou/Labor Organization*				Form (Cash, Check, etc.) ACTBLUE
City MADISON	State OH	Ŧ	Zip Code 44057	0 ^M B	1 6 2	ү 3	Amount \$45.00
Full Name of Contributor CONNIE BEVERAGE Registration Number, if PAC							
Street Address 8941 DORAL DR	Employer/	Decupat	ion/Labor Organization*				Form (Cash, Check, etc.) ACTBLUE
MENTOR	OH State	Ð	Zip Code 44060	0 ^M 8	1 6 2		Amount \$500.00
Full Name of Contributor MAUREEN G KELLY Registration Number, if PAC							
Street Address 9607 DUBLIN LN	Employer/0	Occupat	ion/Labor Organization*				Form (Cash, Check, etc.) ACTBLUE
City MENTOR	State OH	团	Zip Code 44060	D 8	1 6 2		Amount \$135.00
Full Name of Contributor ASON KASUNIK Registration Number, if					er, if P		
35985 REEVES RD	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ACTBLUE		
City EASTLAKE	OH	E	Zip Code 44095	0 8	1 8 2		\$45.00
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/)ccupat	ion/Labor Organization*		e annaparent de pays control anna		Form (Cash, Check, etc.)
City	State OH	Ŧ	Zip Code	M	D	Y	Amount

Page Total \$905.00



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