

Statement of Contributions Received

Prescribed by Secretary of State 03-05

Page _____

Name of Committee in Full Friends Of Cortez Bogard							
Full Name of Contributor Friends of Heard						Registration Number, if PAC	
Street Address 87 S. Hamilton Rd		Employer/Occupation/Labor Organization* State Rep.				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43213	M 0	D 2	Y 2	Amount \$200.00	
Full Name of Contributor Jason L. Shereill						Registration Number, if PAC	
Street Address 594 charolu lake		Employer/Occupation/Labor Organization* insurance agent				Form (Cash, Check, etc.) check	
City bidwell	State OH	Zip Code 45614	M 0	D 2	Y 2	Amount \$100.00	
Full Name of Contributor Karla Saez						Registration Number, if PAC	
Street Address 3016 Melvin st.		Employer/Occupation/Labor Organization* Budwiser chemist				Form (Cash, Check, etc.) check	
City columbus	State OH	Zip Code 43219	M 0	D 2	Y 2	Amount \$50.00	
Full Name of Contributor Betty Drumond						Registration Number, if PAC	
Street Address 5742 Jardin Pl		Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43213	M 0	D 2	Y 2	Amount \$25.00	
Full Name of Contributor Joy Kouns-Lewis						Registration Number, if PAC	
Street Address 6639 boron court loop		Employer/Occupation/Labor Organization* Kaplan Professor/HR				Form (Cash, Check, etc.) check	
City dublin	State OH	Zip Code 43016	M 0	D 2	Y 2	Amount \$20.00	
Full Name of Contributor James Shorts						Registration Number, if PAC	
Street Address 787 Sheridan		Employer/Occupation/Labor Organization* Self Employed				Form (Cash, Check, etc.) cash	
City bexley	State OH	Zip Code 43209	M 0	D 2	Y 2	Amount \$30.00	
Full Name of Contributor Chanda Lanos						Registration Number, if PAC	
Street Address 7999 crawford farms		Employer/Occupation/Labor Organization* state of ohio				Form (Cash, Check, etc.) cash	
City blacklick	State OH	Zip Code 43004	M 0	D 2	Y 2	Amount \$20.00	
Full Name of Contributor Ayisha King						Registration Number, if PAC	
Street Address 121 Parkdale dr.		Employer/Occupation/Labor Organization* Accountant-dfas				Form (Cash, Check, etc.) check	
City johnstown	State OH	Zip Code 43031	M 0	D 2	Y 2	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$495.00**