

# Statement of Contributions Received

Prescribed by Secretary of State 03-05

|   |  |                    |   |                          |  |  |                                       |                |  |                |  |                           |  |
|---|--|--------------------|---|--------------------------|--|--|---------------------------------------|----------------|--|----------------|--|---------------------------|--|
| Name of Committee in Full<br><b>FRIENDS OF RAMONA REYES</b>           |  |                    |   |                          |  |  |                                       |                |  |                |  |                           |  |
| Full Name of Contributor<br><b>DAPSE AFSCME TURNAROUND OHIO</b>       |  |                    |   |                          |  | Registration Number, if PAC<br><b>1269</b>       |                                       |                |  |                |  |                           |  |
| Street Address<br><b>6805 BAK CREEK DR</b>                            |  |                    | Employer/Occupation/Labor Organization* |                          |  |  | Form (Cash, Check, etc.)<br><b>CK</b> |                |  |                |  |                           |  |
| City<br><b>COLUMBUS</b>   |  | State<br><b>OH</b> |   | Zip Code<br><b>43229</b> |  | M<br><b>11</b>                                   |                                       | D<br><b>08</b> |  | Y<br><b>13</b> |  | Amount<br><b>2,000.00</b> |  |
| Full Name of Contributor<br><b>NATIONWIDE MUTUAL INSURANCE CO PAC</b> |  |                    |   |                          |  | Registration Number, if PAC<br><b>C-00076174</b> |                                       |                |  |                |  |                           |  |
| Street Address<br><b>ONE NATIONWIDE PLAZA</b>                         |  |                    | Employer/Occupation/Labor Organization* |                          |  |  | Form (Cash, Check, etc.)<br><b>CK</b> |                |  |                |  |                           |  |
| City<br><b>COLUMBUS</b>   |  | State<br><b>OH</b> |   | Zip Code<br><b>43215</b> |  | M<br><b>09</b>                                   |                                       | D<br><b>26</b> |  | Y<br><b>13</b> |  | Amount<br><b>1,000.00</b> |  |
| Full Name of Contributor<br><b>RICHARD GANARILLA</b>                  |  |                    |   |                          |  | Registration Number, if PAC                      |                                       |                |  |                |  |                           |  |
| Street Address<br><b>840 NOB HILL CT.</b>                             |  |                    | Employer/Occupation/Labor Organization* |                          |  |  | Form (Cash, Check, etc.)<br><b>CK</b> |                |  |                |  |                           |  |
| City<br><b>GAHANNA</b>  |  | State<br><b>OH</b> |   | Zip Code<br><b>43230</b> |  | M<br><b>10</b>                                   |                                       | D<br><b>13</b> |  | Y<br><b>13</b> |  | Amount<br><b>250.00</b>   |  |
| Full Name of Contributor<br><b>BRIAN SHINN</b>                        |  |                    |   |                          |  | Registration Number, if PAC                      |                                       |                |  |                |  |                           |  |
| Street Address<br><b>137 MORSE RD</b>                                 |  |                    | Employer/Occupation/Labor Organization* |                          |  |  | Form (Cash, Check, etc.)<br><b>CK</b> |                |  |                |  |                           |  |
| City<br><b>COLUMBUS</b>   |  | State<br><b>OH</b> |   | Zip Code<br><b>43215</b> |  | M<br><b>10</b>                                   |                                       | D<br><b>14</b> |  | Y<br><b>13</b> |  | Amount<br><b>150.00</b>   |  |
| Full Name of Contributor<br><b>BAKER FOR THE BOARD</b>                |  |                    |   |                          |  | Registration Number, if PAC                      |                                       |                |  |                |  |                           |  |
| Street Address<br><b>P.O. BOX 12362</b>                               |  |                    | Employer/Occupation/Labor Organization* |                          |  |  | Form (Cash, Check, etc.)<br><b>CK</b> |                |  |                |  |                           |  |
| City<br><b>COLUMBUS</b>   |  | State<br><b>OH</b> |   | Zip Code<br><b>43212</b> |  | M<br><b>10</b>                                   |                                       | D<br><b>17</b> |  | Y<br><b>13</b> |  | Amount<br><b>1,000.00</b> |  |
| Full Name of Contributor<br><b>CONTRIBUTIONS FROM FORM 31-E</b>       |  |                    |   |                          |  | Registration Number, if PAC                      |                                       |                |  |                |  |                           |  |
| Street Address  |  |                    | Employer/Occupation/Labor Organization* |                          |  |  | Form (Cash, Check, etc.)              |                |  |                |  |                           |  |
| City  |  | State              |   | Zip Code                 |  | M<br><b>09</b>                                   |                                       | D<br><b>18</b> |  | Y<br><b>13</b> |  | Amount<br><b>3745.00</b>  |  |
| Full Name of Contributor<br><b>CONTRIBUTIONS FROM FORM 31-E</b>       |  |                    |   |                          |  | Registration Number, if PAC                      |                                       |                |  |                |  |                           |  |
| Street Address  |  |                    | Employer/Occupation/Labor Organization* |                          |  |  | Form (Cash, Check, etc.)              |                |  |                |  |                           |  |
| City  |  | State              |   | Zip Code                 |  | M<br><b>10</b>                                   |                                       | D<br><b>10</b> |  | Y<br><b>13</b> |  | Amount<br><b>2550.00</b>  |  |
| 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$

**4,400.00** **MS**

**10,695.00**