Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Commince in Full Friends of Chris Valentine | | | 1 i | |
|---|---|----------------------------|---|-----------------------------------|
| Full Name of Contributor | | | Registration Number, if PAC | |
| Ann Marie Grant | | | | |
| Street Address 5514 Loch More Court, E | Employer/Occa | upation/Labor Organization | | Form (Cash, Check, etc.) Check |
| City Dublin | State OH | Zip Code 43017 | M D Y ₁ | Amount \$100.00 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Janice McCormick | | | | |
| Street Address 5854 Tara Hill Drive | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check |
| City Dublin | State OH | Zip Code 43017 | 101807 | Amount \$100.00 |
| Full Name of Contributor Terri Coratola | | | Registration Number, if PAC | |
| Street Address 126 S. High St | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) Check |
| City Dublin | State OH | Zip Code 43017 | 1 0 1 5 0 7 | Amount \$100.00 |
| Full Name of Contributor Phyllis A. Grauer | | | Registration Number, if F | AC |
| Street Address 7661 Cook Road | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) Check |
| City Plain City | State OH | Zip Code 43064 | 1 0 1 9 0 7 | Amount \$250.00 |
| Full Name of Contributor Pier A. Davis | · · · · · · · · · · · · · · · · · · · | | Registration Number, if P | AC |
| Street Address 6099 Northcliff Blvd. | Employ-er/Occupation/Labor Organization | | <u></u> - | Form (Cash, Check, etc.) Check |
| City Dublin | State OH | Zip Code 43016 | M D Y 0 7 | Amount \$25.00 |
| Full Name of Contributor Dottie Findley | | | Registration Number, if PAC | |
| Street Address 7636 Heatherwood Lane | Employer/Occupation/Labor Organization | | - · <u> - · · · · · · · · · · · · · · · · · · </u> | Form (Cash, Check, etc.) Check |
| City Dublin | State OH | Zip Code 43017 | 101707 | Amount \$50.00 |
| Full Name of Contributor Nancy K. Hughes | | · · · | Registration Number, if P. | |
| Street Address 8843 Locherbie Court | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check |
| City Dublin | Stagle OH | Zip Code 43017 | 1 0 1 8 0 7 | Amount \$500.00 |
| Full Name of Contributor Marcos D. Hartitz | | | Registration Number, if Pa | AC |
| Street Address 7865 Wilshire Drive | Employer/Occup | ostion/Labor Organization | | Form (Cash, Check, etc.) Check |
| City Dublin | State OH | Zip Code 43016 | 1 0 1 7 0 7 | Amount \$25.00 |

Page Total \$1,150.00

^{*} 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(BX4)}