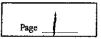
## **Statement of Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Cortez	Rag	raid		
Il Name of Contributor			Registration Number, if PAC	
Danielle Sturgis	<u>.</u>			
Street Address 1162 E Broad St	Employer/Occupation/Labor Organization SIMCO Constructions			Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code	0 2 2 3 1 2	Amount \$25.00
Full Name of Contributor			Registration Number, if I	PAC
A. Robert Hutchins				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
750 E Long St	Attorney - Self Employed		check	
City Columbus	State OH	Zip Code 43203	M D Y 1	Amount \$25.00
Full Name of Contributor Monique M Madiso			Registration Number, if I	PAC
Street Address 919 Holly Hill Dr	Employer/Occu Attorney	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	0 2 2 3 1 2	Amount \$25.00
Full Name of Contributor  Kathleen Nicole Battle	<del></del>		Registration Number, if P	AC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
2302 Waterpointe Court		Medical Center		Check
Columbus	OH	43209	0 2 2 3 1 2	Amount \$25.00
Full Name of Contributor Eric D Carmicheal		1	Registration Number, if P	AC
Street Address 1299 Moodwood Place	Employer/Occup	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code	0 2 2 2 1 2	Amount \$50.00
Full Name of Contributor	1 011		Registration Number, if P.	<u>t                                     </u>
Nancy Pyon		•		
Street Address	Employer/Occup	pation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
379 W 4th Ave	Robert Ha			Cash
City Columbus	State OH	Zip Code 43201	0 2 2 3 1 2	Amount \$100.00
Full Name of Contributor			Registration Number, if P	AC
Frederick Bossman		<u> </u>		
Street Address 60 E Spring St #129	Employer/Occup Self Emplo	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code	M D Y 0 2 2 1 2	Amount \$100.00
Full Name of Contributor Perry Jennings		1	Registration Number, if PA	AC
Street Address PO Box 13724	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)
Zity	State	Zip Code	M Inity	Check Amount
Columbus	OH		0 2 2 4 1 2	\$100.00

Page Total \$450.00

<sup>\*</sup> 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)]