

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Cortez Bogard							
Full Name of Contributor Danielle Sturgis					Registration Number, if PAC		
Street Address 1162 E Broad St		Employer/Occupation/Labor Organization* SIMCO Constructions			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code	M 0	D 2	Y 2	Amount \$25.00	
Full Name of Contributor A. Robert Hutchins					Registration Number, if PAC		
Street Address 750 E Long St		Employer/Occupation/Labor Organization* Attorney - Self Employed			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43203	M 0	D 2	Y 2	Amount \$25.00	
Full Name of Contributor Monique M Madiso					Registration Number, if PAC		
Street Address 919 Holly Hill Dr		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 0	D 2	Y 2	Amount \$25.00	
Full Name of Contributor Kathleen Nicole Battle					Registration Number, if PAC		
Street Address 2302 Waterpointe Court		Employer/Occupation/Labor Organization* Wexner Medical Center			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 0	D 2	Y 2	Amount \$25.00	
Full Name of Contributor Eric D Camicheal					Registration Number, if PAC		
Street Address 1299 Moodwood Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code	M 0	D 2	Y 2	Amount \$50.00	
Full Name of Contributor Nancy Pyon					Registration Number, if PAC		
Street Address 379 W 4th Ave		Employer/Occupation/Labor Organization* Robert Halfe			Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43201	M 0	D 2	Y 2	Amount \$100.00	
Full Name of Contributor Frederick Bossman					Registration Number, if PAC		
Street Address 60 E Spring St #129		Employer/Occupation/Labor Organization* Self Employed			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code	M 0	D 2	Y 2	Amount \$100.00	
Full Name of Contributor Perry Jennings					Registration Number, if PAC		
Street Address PO Box 13724		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code	M 0	D 2	Y 2	Amount \$100.00	

* 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 **\$450.00**