Page	2	_

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

			_					
Name of Committee in Full								
Friends of Jim Reese								
Full Name of Contributor					Registration Number, if PAC			
Franklin County Democrat Lawyers								
Street Address	Employer/Occur	nation/Labor Organization*				Form (Cash, Check, etc.)		
1141 S High St						Check		
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E BV CO William		<u> </u>	Registra	tion Num	ber, if PA	\C		
Full Name of Contributor								
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	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
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City	State	Zip Code	] <sup>M</sup> 1		1 1			
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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 appear. [R.C. 3517,10(B)(4)]

Page Total \$ 200.00