

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Cortex Bogard									
Full Name of Contributor Barrington Arthurs							Registration Number, if PAC		
Street Address 199 South 5th St				Employer/Occupation/Labor Organization* Ohio Health				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code		M 0		D 2	
						Y 2		Amount \$300.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
City		State OH		Zip Code		M		D	
						Y		Amount	
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City		State OH		Zip Code		M		D	
						Y		Amount	
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City		State OH		Zip Code		M		D	
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Street Address							Form (Cash, Check, etc.)		
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
City		State OH		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 **\$300.00**