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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

<u></u>								
Name of Committee in Full								
Committee to Elect Ed Johnston				_				
l Name of Contributor				Registration Number, if PAC				
Ronald Porta					<u> </u>			
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)		
362 Pittsfield Drive						check		
City	State	Zip Code	М	D	Y	Amount		
Worthington	O   H	43085	016	1 1	1   1	_20.00		
Full Name of Contributor	<u></u>		Registrat		ber, if PA	√C		
Byrl Shoemaker			l					
Street Address	Employer/Occi	pation/Labor Organization*	-			Form (Cash, Check, etc.)		
92 Ceramic Drive	' '	•				check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	0·   H		019	015	1   1	100.00		
Full Name of Contributor		10211			ber, if PA			
William Rutherford			i cognosia		,			
	Employer/Ogo	unation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				check		
1114 Highland Drive	Charles	]a:_ 0-1.	М	D	Y	Amount		
Ĉity	State O   H	Zip Code		018		200.00		
Columbus	O   H	43220	1 0		1   1 ber, if P			
Full Name of Contributor		Kegisira	non wur	iber, it Pi	AC :			
eet Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor			Registra	tion Nun	nber, if Pa	AC		
						n (0.1.0) 1 2 2 2		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	_				<del>,</del>	<u> </u>		
City	State	Zip Code	M	מ	Y	Amount		
			i					
Full Name of Contributor			Registra	tion Nun	nber, if P	AC		
Street Address	Employer/Occ	*			Form (Cash, Check, etc.)			
						<u> </u>		
City	State	Zip Code	М	D	Y	Amount		
						<u></u>		
Full Name of Contributor					Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
		<u> </u>	<del></del>	1 5	T v	A		
City	State	Zip Code	M	D	Y	Amount		
				<u></u>		1.6		
Full Name of Contributor			Registra	ation Nui	nber, if P	AC		
	E 1 /0		<u> </u>			Form (Cash, Check, etc.)		
Street Address Employer/Occupation/Labor Organization*			r.			Tam (Cash, Check, etc.)		
			1	T 5	17	A		
City	State	Zip Code	M	D	Y	Amount		
equired for contributions from individuals over \$100 to statewing			(6 )		1	sha warana a Caba		
seviral for contributions from individuals over \$100 to stateway	IInaral accamble a	andidates. If contributor is s	ett-employed th	e occuba	mon and	me name of the		

Page Total \$ 320.00

<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 appear. [R.C. 3517.10(B)(4)]