

Statement of Contributions Received

Prescribed by Secretary of State 03.05

Name of Committee in Full FRIENDS OF RAMONA REYES									
Full Name of Contributor OAPSE AFSCME TURNAROUND OH PAC LA						Registration Number, if PAC #1269			
Street Address 6805 OAK CREEK DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK		
City COLUMBUS		State OH	Zip Code 43229		M 03	D 15	Y 17	Amount 2,500.00	
Full Name of Contributor CHRISTOPHER & SANDRA LONG						Registration Number, if PAC			
Street Address 1675 HART DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK		
City REYNOLDSBURG		State OH	Zip Code 43068		M 04	D 09	Y 17	Amount 50.00	
Full Name of Contributor OAPSE AFSCME TURNAROUND OH PAC LA						Registration Number, if PAC #1269			
Street Address 6805 OAK CREEK DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK		
City COLUMBUS		State OH	Zip Code 43229		M 04	D 10	Y 17	Amount 2,500.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM NO. 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount 1,510.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				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)]