

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Amy Harkins							
Full Name of Contributor Stephen C Tobin					Registration Number, if PAC		
Street Address 725 N Sycamore		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Act Blue		
City Los Angeles	State C A	Zip Code 90038	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor David Denniston					Registration Number, if PAC		
Street Address 544 S Front Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Act Blue		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Jeanne O'Keefe					Registration Number, if PAC		
Street Address 164 E Tompkins		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Act Blue		
City Columbus	State O H	Zip Code 43202	M 0	D 9	Y 2	Amount 50.00	
Full Name of Contributor Kristin J Martinez					Registration Number, if PAC		
Street Address 310 E Gates		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Act Blue		
City Columbus	State O H	Zip Code 43206	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Sara Veldhuizen Stealy					Registration Number, if PAC		
Street Address 2020 Accra Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ActBlue donation		
City Dulles	State V A	Zip Code 20189	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Will Petrik					Registration Number, if PAC		
Street Address 19 1/2 Yale Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ActBlue donation		
City Columbus	State O H	Zip Code 43222	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Megan Hardin					Registration Number, if PAC		
Street Address 543 Crescent Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ActBlue Donation		
City Mansfield	State O H	Zip Code 44907	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Megan Hardin					Registration Number, if PAC		
Street Address 543 Crescent Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Act Blue Donation		
City Mansfield	State O H	Zip Code 44907	M 0	D 8	Y 1	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 appear. [R.C. 3517.10(B)(4)]