

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 Amy Harkins				Registration Number, if PAC		
Street Address 56 E Kanawha Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Act Blue		
City Columbus	State O H	Zip Code 43214	M 0	D 9	Y 1	Amount 100.00
Full Name of Contributor Adam Bulizak				Registration Number, if PAC		
Street Address 178 E Longview		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 100.00
Full Name of Contributor Matt Hobbs				Registration Number, if PAC		
Street Address 1144 Riva Ridge		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Act Blue		
City Gahanna	State O H	Zip Code 43230	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Leanne Lawry				Registration Number, if PAC		
Street Address 2554 W Logan Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Act Blue		
City Chicago	State I L	Zip Code 60647	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Keith William Stevens				Registration Number, if PAC		
Street Address 1620 E Broad St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ActBlue donation		
City Columbus	State O H	Zip Code 43203	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Sarah Prewitt				Registration Number, if PAC		
Street Address 324 Canyon Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ActBlue donation		
City Winchester	State V A	Zip Code 22602	M 1	D 0	Y 1	Amount 100.00
Full Name of Contributor Melissa Duncan				Registration Number, if PAC		
Street Address 2100 Oregon Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ActBlue Donation		
City Orlando	State F L	Zip Code 32803	M 1	D 0	Y 1	Amount 100.00
Full Name of Contributor Melissa Duncan				Registration Number, if PAC		
Street Address 2100 Oregon Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Act Blue Donation		
City Orlando	State F L	Zip Code 32803	M 0	D 8	Y 0	Amount 300.00

* 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)]