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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Mildred Johnson								
full Name of Contributor			Registration Number, if PAC					
Mildred Johnson								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
1931 Glenford Court	<u> </u>					Cash		
Cíty	State	Zip Code	М	D	Y	Amount		
Reynoldsburg	O H	43068	0 2	10.2	1 7		20.00	
Full Name of Contributor Registration Number, if PAC								
James N. Jones								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
8018 S Essex, Suite 3N	ł					Check		
City	State	Zip Code	М	D	Y .	Amount		
Chicago	ILL	60617	0 2	2 2	1 7		250.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	C		
Dasenia M Murrell								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
PO Box 683	1				,	Check		
City	State	Zip Code	M	D	Y	Amount		
Reynoldsburg	ОН	43068	0 3	0 6	1 7	1	50.00	
Full Name of Contributor				ation Num	ber, if PA	C		
Harold Lee Snyder/40 Properties, LLC								
Street Address Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
975 Fortkort Drive	ł				!	Check		
City	State	Zip Code	М	D	Y	Amount		
Reynoldsburg	ОН	43068	0 3	1 5	1 7	ł	50.00	
Full Name of Contributor				ation Num	حنحتط	C		
Stephanie A Price								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
515 S Ashburton Rd	1					Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	ОН	43213	10°	1 5	1 7		100.00	
Full Name of Contributor				ation Num		.C		
Loretta B Curtis								
Street Address	Employer/Occupa	ation/Labor Organization*	1			Form (Cash, Chec	k, etc.)	
2257 Century Drive					Check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43211	10 3	1 5	1:7		100.00	
Full Name of Contributor		10211		ation Num				
Richard W Johnson			1					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
1931 Glenford Court						Check		
City	State	Zip Code	M	D	Y	Amount		
Reynoldsburg	ОН	43068	0.3	1 5	1:7	[100.00	
Full Name of Contributor Registration Number, if PAC								
Cherraun Goff								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Chec	k, etc.)			
9056 Lupine Drive	, , , , , , , , , , , , , , , , , , , ,		Check					
City	State	Zip Code	M	D	Y	Amount		
Reynoldsburg	ОН	43068	0 3	1	1:7	ł	25.00	
1.Cy1tolabourg	· · · · ·	1 10 000	1 7 7	1210		nome of the		

* 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)]

Page Total \$ 695.00