

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Jim Reese													
Full Name of Contributor Johrendt & Holford						Registration Number, if PAC							
Street Address 250 E Broad Street, Suite 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 9		D 3 0		Y 1 6		Amount 250.00	
Full Name of Contributor Sheryl Williams						Registration Number, if PAC							
Street Address 203 Lintner St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43230		M 0 7		D 2 1		Y 1 6		Amount 25.00	
Full Name of Contributor Robert K Dean Jr						Registration Number, if PAC							
Street Address 449 Allanby Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Gahanna		State O H		Zip Code 43230		M 0 7		D 2 9		Y 1 6		Amount 35.00	
Full Name of Contributor Rainer E Steinhoff						Registration Number, if PAC							
Street Address 920 Stoney Creek Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43235		M 0 8		D 1 0		Y 1 6		Amount 50.00	
Full Name of Contributor Tommie Radd						Registration Number, if PAC							
Street Address 1075 Arcaro Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Gahanna		State O H		Zip Code 43230		M 0 8		D 1 0		Y 1 6		Amount 25.00	
Full Name of Contributor Mary Dixon						Registration Number, if PAC							
Street Address 847 Eastchester Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Gahanna		State O H		Zip Code 43230		M 0 8		D 1 0		Y 1 6		Amount 25.00	
Full Name of Contributor Madeline J Shaw						Registration Number, if PAC							
Street Address 1213 Leicester Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43235		M 0 9		D 0 2		Y 1 6		Amount 150.00	
Full Name of Contributor Stonewall Democrats of Central Ohio						Registration Number, if PAC							
Street Address 700 Morse Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43202		M 0 9		D 1 3		Y 1 6		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)]

Page Total \$ 660.00