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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		_								
Name of Committee in Full										
Friends of Jim Reese				To .		100.4				
Full Name of Contributor				Registrat	ion Numi	ber, if PA	C	1		
Johrendt & Holford			<u> </u>	ļ						
Street Address	Employer/C	Occupat	ion/Labor Organization*				Form (Cash, Che	ck, etc.)		
250 E Broad Street, Suite 200							Check			
City	State		Zip Code	M	D	Y	Amount			
Columbus	$\mid O \mid$	Η	43215	0 9	3 0	1 6		250.00		
Full Name of Contributor				Registrat	tion Num	ber, if PA	С			
Sheryl Williams										
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
203 Lintner St							Check			
City	State		Zip Code	М	D	Y	Amount			
Columbus	lol	Н	43230	0 7	2 1	116		25.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	.C			
Robert K Dean Ir				1						
Street Address	Employer/9	Оссира	tion/Labor Organization*				Form (Cash, Che	ck, etc.)		
449 Allanby Ct	Employer/Occupation/Labor Organization				Check					
	State	-	Zip Code	Тм	Гр	Y	Amount			
City Collaboration		H	43230	0 7	2 9	116		35.00		
Gahanna Full Name of Contributor	10.1.		40200			ber, if PA	C	20.00		
				1,		•				
Rainer E Steinhoff	Employer	Ouguno	tion/Labor Organization*		_	_	Form (Cash, Che	eck, etc.)		
Street Address	Employer	Осспра	HOLE ADOL OF GAINZAGON				Check	,,		
920 Stoney Creek Rd	- C		7' 0.1.	Тм	T D	ΙΥ	Amount			
City	Stat		Zip Code		I .	Ι .		50.00		
Columbus		H	43235	0 8				30.00		
Full Name of Contributor				Registra	tion Nur	ber, if PA	ic			
Tommie Radd							F (6.1 Ch.	14- \		
Street Address	Employer/	Оссира	tion/Labor Organization*				Į.	Form (Cash, Check, etc.)		
1075 Arcaro Ct						1	<u>Check</u>	_		
City	Stat		Zip Code	M	l P	Y	Amount	25.00		
Gahanna	<u> </u>	H	43230	0 8				25.00		
Full Name of Contributor	<u>~</u>			Registra	ation Nun	nber, if PA	AC			
Mary Dixon										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)		
847 Eastchester Drive							Check	<u>-</u>		
City	Stat		Zip Code	М	D .	I Y	Amount			
Gahanna	0 1	Н	43230	0 8	$1 \mid 0$	1 6		25.00		
Full Name of Contributor				Registra	ation Nur	nber, if P	AC			
Madeline J Shaw							_			
Street Address	Employer	/Оссира	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
1213 Leicester Pl							Check			
City	Sta	1e	Zip Code	М	D	Y	Amount			
Columbus	0	Н	43235	019	012	2 1 6	3	150.00		
Full Name of Contributor						nber, if P				
Stonewall Democrats of Central Ohio										
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)			
700 Morse Road				Check						
	Sta	ite	Zip Code	М	D	Υ	Amount			
Calmahasa		H	43202	nlo	113	3 1 1 6	; l	100.00		
Columbus			T UZUZ		<u> </u>					

* 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 \$ 6	60.00_