

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Amy Harkins</b>									
Full Name of Contributor <b>Melissa Duncan</b>						Registration Number, if PAC			
Street Address <b>2100 Oregon Street</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Act Blue Donation</b>	
City <b>Orlando</b>		State <b>F L</b>		Zip Code <b>32803</b>		M <b>0</b>		D <b>9</b>	
						Y <b>2</b>		Amount <b>500.00</b>	
Full Name of Contributor <b>Colleen Clokus</b>						Registration Number, if PAC			
Street Address <b>8611 Greeley Blvd</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Act Blue</b>	
City <b>Springfield</b>		State <b>V A</b>		Zip Code <b>22152</b>		M <b>1</b>		D <b>0</b>	
						Y <b>0</b>		Amount <b>200.00</b>	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	

\* 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 \$ **700.00**