FOR PAPER FILING ONLY

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Friends of Amy Harkins				
Full Name of Contributor		Registration N	umber if PAC	• • • • • • • • • • • • • • • • • • • •
Melissa Duncan		registration ?	ameer, a race	
Weissa Duitcan	Employer/Occupation/Labor Organ	zation*		Form (Cash, Check, etc.)
2100 Oragon Street				Act Blue Donation
2100 Oregon Street	State Zip Code	M. D	Y	Amount
	F L 32803		8 1 7	1
Orlando Full Name of Contributor	F L 32603	Registration N	 	500.00
		registration 14	amoer, it is no	
Colleen Clokus Street Address	Employer/Occupation/Labor Organ	Totion*		Form (Cash, Check, etc.)
8611 Greeley Blvd	Employer vecupation Lacon Vigue	Zation		
City City	State Zip Code	M, D	Y Y	Act Blue
Springfield Full Name of Contributor	V A 22152	1 0 0 Registration No	6 1 7	200.00
Full Name of Compound		Registration (vi	umoer, ii PAC	
Street Address	Employer/Occupation/Labor Organ	zation*		Form (Cash, Check, etc.)
City	State Zip Code	M D	Y	Amount
Full Name of Contributor		Registration No	umber, if PAC	<u> </u>
Street Address	Employer/Occupation/Labor Organi	zation*		Form (Cash, Check, etc.)
City	State Zip Code	M D	Y	Amount
Full Name of Contributor		Registration N	umber, if PAC	
Street Address	Employer/Occupation/Labor Organ	zation*		Form (Cash, Check, etc.)
City	State Zip Code	M D	Y	Amount
Full Name of Contributor		Registration No	umber, if PAC	
Charact Addison	IF always a single has so			Transfer Lot Laborate
Street Address	Employer/Occupation/Labor Organ	Zarion ·		Form (Cash, Check, etc.)
City	State Zip Code	M D	Y	
City	State Zip Civic] '	
Full Name of Contributor		Registration No	umber if PAC	L
Tan t		registration 14	amoer, a rric	
Street Address	Employer/Occupation/Labor Organ	zation*		Form (Cash, Check, etc.)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
City	State Zip Code	M D) Y	Amount
	State Zip Code			
Full Name of Contributor		Registration N	umber, if PAC	
	Employer/Occupation/Labor Organ	zation*		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 S	700.00