

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Mildred Johnson									
Full Name of Contributor Ali A Shakoar						Registration Number, if PAC			
Street Address 1311 Versant Dr Apt 101			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Brandon		State F L	Zip Code 33511		M 0	D 4	Y 2	Amount 70.00	
Full Name of Contributor Demia Kandi/Significance LLC						Registration Number, if PAC			
Street Address 4826 Crazy Horse Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State O H	Zip Code 43081		M 0	D 4	Y 2	Amount 100.00	
Full Name of Contributor Tamar C Williamson						Registration Number, if PAC			
Street Address 204 Oakwood Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State O H	Zip Code 43081		M 0	D 4	Y 2	Amount 150.00	
Full Name of Contributor Franklin County Democratic Women's Club						Registration Number, if PAC			
Street Address 1029 Northfield Pl N			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State O H	Zip Code 43068		M 0	D 4	Y 1	Amount 50.00	
Full Name of Contributor LaTasha Goodwin						Registration Number, if PAC			
Street Address 8175 Rodebaugh Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Reynoldsburg		State O H	Zip Code 43068		M 0	D 6	Y 0	Amount 25.00	
Full Name of Contributor Andrew Mock						Registration Number, if PAC			
Street Address 1317 Glenview St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Reynoldsburg		State O H	Zip Code 43068		M 0	D 6	Y 0	Amount 25.00	
Full Name of Contributor Grace Cherrington						Registration Number, if PAC			
Street Address 4018 Courter Rd SW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Pataskala		State O H	Zip Code 43062		M 0	D 6	Y 0	Amount 40.00	
Full Name of Contributor Leonardo Almeida						Registration Number, if PAC			
Street Address 3862 Abbie Lakes Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Canal Winchester		State O H	Zip Code 43110		M 0	D 6	Y 0	Amount 15.00	

* 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 \$ 475.00