

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Christie Ward										
Full Name of Contributor Bill Lane						Registration Number, if PAC				
Street Address 6064 Harlem Road			Employer/Occupation/Labor Organization* Attorney, Steptoe & Johnson PLLC				Form (Cash, Check, etc.) Check			
City Westerville		State OH	Zip Code 43082		M 0	D 9	D 0	Y 3	Y 1	Amount \$50.00
Full Name of Contributor Jo Ann Davidson						Registration Number, if PAC				
Street Address 6639 Forrester Way			Employer/Occupation/Labor Organization* Owner, JAD & Associates				Form (Cash, Check, etc.) Check			
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 9	D 0	Y 3	Y 1	Amount \$50.00
Full Name of Contributor Shannon McDevitt						Registration Number, if PAC				
Street Address 616 Acton Road			Employer/Occupation/Labor Organization* Nationwide / Consultant				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43214		M 0	D 9	D 0	Y 3	Y 1	Amount \$25.00
Full Name of Contributor Cambridge Insurance Group						Registration Number, if PAC				
Street Address 853 S. High Street			Employer/Occupation/Labor Organization* Insurance Co.				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43206		M 0	D 9	D 0	Y 3	Y 1	Amount \$50.00
Full Name of Contributor Ronald Hammond						Registration Number, if PAC				
Street Address 324 Pagoda Ct.			Employer/Occupation/Labor Organization* Nationwide / Sr. Consultant				Form (Cash, Check, etc.) Check			
City Pickerington		State OH	Zip Code 43147		M 0	D 9	D 0	Y 3	Y 1	Amount \$25.00
Full Name of Contributor Catherine Olohan Zwissler						Registration Number, if PAC				
Street Address 271 Lake View Road			Employer/Occupation/Labor Organization* Sr. VP Govt Rel., OH Govt. Services - PERS DONATION				Form (Cash, Check, etc.) Cash			
City Buckeye Lake		State OH	Zip Code 43008		M 0	D 9	D 0	Y 3	Y 1	Amount \$100.00
Full Name of Contributor Shawn Starks						Registration Number, if PAC				
Street Address 6278 Misty Cove Lane			Employer/Occupation/Labor Organization* VP, JP Morgan Chase				Form (Cash, Check, etc.) Cash			
City Columbus		State OH	Zip Code 43231		M 0	D 9	D 0	Y 3	Y 1	Amount \$40.00
Full Name of Contributor Dante Washington						Registration Number, if PAC				
Street Address 341 Leestone Court			Employer/Occupation/Labor Organization* Nationwide / Sr. Consultant				Form (Cash, Check, etc.) Cash			
City Sunbury		State OH	Zip Code 43074		M 0	D 9	D 0	Y 3	Y 1	Amount \$30.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$370.00**