

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Mildred Johnson							
Full Name of Contributor Karen L Cruse					Registration Number, if PAC		
Street Address 989 Hillridge Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 7	Y 0 5 1 7	Amount 20.00	
Full Name of Contributor Shakeya M Eddings					Registration Number, if PAC		
Street Address 6855 Greenleaf Dr, Apt E3		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 7	Y 0 5 1 7	Amount 20.00	
Full Name of Contributor Carmen E Farve					Registration Number, if PAC		
Street Address 8571 Landseer Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 7	Y 0 5 1 7	Amount 50.00	
Full Name of Contributor Cash Contributions at Event Under \$25					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City	State	Zip Code	M 0	D 7	Y 0 5 1 7	Amount 40.00	
Full Name of Contributor Meredith Lawson-Rowe					Registration Number, if PAC		
Street Address 2100 Belltree Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 8	Y 1 0 1 7	Amount 20.00	
Full Name of Contributor Kenise Simmons					Registration Number, if PAC		
Street Address 1317 Glenview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 8	Y 1 0 1 7	Amount 25.00	
Full Name of Contributor Chuck Chambers					Registration Number, if PAC		
Street Address 89 Eastpointe Ridge Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43213	M 0	D 8	Y 1 0 1 7	Amount 10.00	
Full Name of Contributor April Hill					Registration Number, if PAC		
Street Address 942 Sorohan St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 8	Y 1 0 1 7	Amount 20.00	

* 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 \$ 205.00