

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of O'Connor							
Full Name of Contributor Kenneth Jordan					Registration Number, if PAC		
Street Address 2167 Sohn St		Employer/Occupation/Labor Organization* My home Retired			Form (Cash, Check, etc.) Credit Card		
City Cincinnati	State OH	Zip Code 45219-1426	M 01	D 29	Y 16	Amount \$250.00	
Full Name of Contributor Brendan Kelley					Registration Number, if PAC		
Street Address 111 W 1st Ave Apt 12		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43201-3467	M 11	D 10	Y 15	Amount \$100.00	
Full Name of Contributor Emmet Kelly					Registration Number, if PAC		
Street Address 1977 Wyandotte Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212-1035	M 10	D 07	Y 15	Amount \$100.00	
Full Name of Contributor John Kulewicz					Registration Number, if PAC		
Street Address 2104 Yorkshire Rd		Employer/Occupation/Labor Organization* Vorys Sater Seymour and Pease LLP Lawyer			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43221-4144	M 12	D 11	Y 15	Amount \$500.00	
Full Name of Contributor Joseph Kuyoth					Registration Number, if PAC		
Street Address 448 W Nationwide Blvd Apt 316		Employer/Occupation/Labor Organization* Best Effort Best Effort			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215-2379	M 09	D 29	Y 15	Amount \$250.00	
Full Name of Contributor Joshua Lapp					Registration Number, if PAC		
Street Address 111 W 3rd Ave Unit 208		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43201-3725	M 01	D 07	Y 16	Amount \$50.00	
Full Name of Contributor Jennifer Lestini					Registration Number, if PAC		
Street Address 37 N Stanwood Rd		Employer/Occupation/Labor Organization* Director of Procurement Hexion			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209-1502	M 09	D 29	Y 15	Amount \$250.00	
Full Name of Contributor Ron Malone					Registration Number, if PAC		
Street Address 988 Circle The Green		Employer/Occupation/Labor Organization* Strategies Unlimited, LLC Consultant			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 09	D 29	Y 15	Amount \$250.00	

* 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 \$1,750.00