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 Number, if PAC	
Brynette Turner			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1665 Coburg Road	2.00		Act Blue
City	State Zip Code	M D Y	Amount
			1
Columbus Full Name of Contributor	O H 43227	0 8 1 1 1 7	50.00
		Registration Number, if PAC	
Jennifer Ault			In
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
16017 W 84th Terrace			Act Blue
City	State Zip Code	M D Y	Amount
Lenexa	K S 66219	0 8 1 5 1 7	50.00
Full Name of Contributor		Registration Number, if PAC	
Chris Kolb			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
2947 NE 54th Ave			Act Blue
City	State Zip Code	M D Y	Amount
Portland	O R 97213	0 8 1 8 1 7	50.00
Full Name of Contributor		Registration Number, if PAC	-
Joe Hardin			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1978 Turners Landing			Act Blue
City	State Zip Code	M D Y	Amount
Russellville	T N 37860	1 0 0 5 1 7	50.00
Full Name of Contributor		Registration Number, if PAC	
Brian Ludwig			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
476 Chase Rd			ActBlue donation
City	State Zip Code	M Di Y	Amount
Columbus	O H 43214	0 9 0 2 1 7	50.00
Full Name of Contributor	0 11 10211	Registration Number, if PAC	30.00
		A Comment of the Comm	
Chad Williams Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
2482 Medary Ave	impoyor occupation calcor (rigativation)		ActBlue donation
City	State Zip Code	M D Y	Amount
l			
Columbus Full Name of Contributor	O H 43202	0 9 0 7 1 7 Registration Number, if PAC	50.00
l		Registration Number, if FAC	
Leigh Ann Simms			Is (C. 1. C. 1)
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
1 Miranova Place			ActBlue Donation
City	State Zip Code	M D Y	Amount
Columbus	O H 43202	0 9 1 9 1 7	50.00
Full Name of Contributor		Registration Number, if PAC	
Mary K. Polter			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
3664 Pleasant Hill			Act Blue Donation
City	State Zip Code	M D Y	Amount
Marion	O H 43302	0 9 2 0 1 7	50.00

* 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 \$	400.00