

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF RAMONA REYES							
Full Name of Contributor PLUMBERS & PIPEFITTERS L.U. 189					Registration Number, if PAC PCE #6220		
Street Address 1250 KINNEAR RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43212	M 1	D 0	Y 2	Amount \$100.00	
Full Name of Contributor COLUMBUS FRANKLIN COUNTY AFL-CIO					Registration Number, if PAC		
Street Address 1545 ALUM CREEK DR 2ND FL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43209	M 1	D 0	Y 2	Amount \$300.00	
Full Name of Contributor JUAN JOSE PEREZ					Registration Number, if PAC		
Street Address 149 GLEN ABBEY CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City POWELL	State OH	Zip Code 43065	M 1	D 0	Y 1	Amount 250.00	
Full Name of Contributor JUAN P. CESPEDES					Registration Number, if PAC		
Street Address 62 W. 1ST AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43201	M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor MARGARITA DELEON					Registration Number, if PAC		
Street Address 2016 RICHMOND RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City TOLEDO	State OH	Zip Code 43607	M 1	D 0	Y 3	Amount 50.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	

* 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 **\$750.00**