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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Jim Reese								
Full Name of Contributor				Registration Number, if PAC				
Mallory Murphy			L					
Street Address	Employer/Occu	ipation/Labor Organization	1*			Form (Cash, Check, etc.)		
4100 Regent Street, Suite A						Cash		
City	State	Zip Code	М	D	Y	Amount		
Columbus	0 H	43219	012	014	1 6	1.00		
Full Name of Contributor	1 0 .	10-17			ber, if PA			
Street Address	Employer/Occu	ipation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)		
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City	State	Zip Code		D	ΙΥ	Amount		
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Full Name of Contributor	<u> </u>		Pagistro	tion Num	ber, if PA			
Full Name of Contributor			Registra	aton Num	ioci, ii i A			
Secret Address	Employer/Occi	ipation/Labor Organization				Form (Cash, Check, etc.)		
Street Address	Employer/Occi	ipanon/Labor Organization				Form (Cash, Check, etc.)		
<u> </u>		[7]- C-1-	-1.4	LD	Y	Amount		
City	State	Zip Code	M	D	1 1	Allouit		
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Full Name of Contributor			Registra	tion Num	iber, if PA	C		
								
Street Address	Employer/Occi	ipation/Labor Organization	1*			Form (Cash, Check, etc.)		
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City	State	Zip Code	M _.	D.	Y	Amount		
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Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
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Full Name of Contributor			Registra	tion Nur	iber, if PA	.c		
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Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor			Registra	ttion Nur	ber, if PA	.c		
Street Address	Employer/Occi	upation/Labor Organization	· •			Form (Cash, Check, etc.)		
oneer radius s		·•						
City	State	Zip Code		Ð	Y	Amount		
City	l i	Z.p code			Ι'n			
Full Name of Contributor			Registro	tion Num	iber, if PA			
This Name of Commontor			I Kegisai	111011 11011	1001, 11 1 2			
					_	Form (Cash, Check, etc.)		
Street Address	Address Employer/Occupation/Labor Organization*				rorm (Casii, Check, etc.)			
				<u> </u>	1 1/	1		
City	State	Zîp Code	M	D	Y	Amount		
					1 1	<u> </u>		

* 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 \$	1.00