

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends Of Jeff Davis									
Full Name of Contributor Daphne Hawk						Registration Number, if PAC			
Street Address 2374 White Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 10	Amount 300.00			
Full Name of Contributor Howard Linder						Registration Number, if PAC			
Street Address 2766 Independence Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 11	Amount 25.00			
Full Name of Contributor Jeff Davis						Registration Number, if PAC			
Street Address 2694 Hanarry Ct,			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Grove City	State OH	Zip Code 43123	M 0	D 8	Y 11	Amount 5.00			
Full Name of Contributor Jeff Davis						Registration Number, if PAC			
Street Address 2694 Hanarry Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 8	Y 11	Amount 500.00			
Full Name of Contributor Jeff Davis <i>Cash</i>						Registration Number, if PAC			
Street Address 2694 Hanarry Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) *cash		
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 11	Amount * 300.00			
Full Name of Contributor Frank Shipley						Registration Number, if PAC			
Street Address 2583 McDaniel Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 11	Amount 25.00			
Full Name of Contributor Steve Turner						Registration Number, if PAC			
Street Address 4334 Kelnor Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 11	Amount 10.00			
Full Name of Contributor Mike Uhrin						Registration Number, if PAC			
Street Address 5580 Meadow Grove Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 0	D 9	Y 11	Amount 100.00			

* 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)]