

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Nancy Drees							
Full Name of Contributor Sue Ann Owen					Registration Number, if PAC		
Street Address 1800 Bedford Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 9	Y 1	Amount 25.00	
Full Name of Contributor Jillann M. Scott					Registration Number, if PAC		
Street Address 4391 Lyon Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Michele A. Ellis					Registration Number, if PAC		
Street Address 2419 Onandaga Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 9	Y 1	Amount 25.00	
Full Name of Contributor Colleen C. Duffey					Registration Number, if PAC		
Street Address 2431 Onandaga Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0	D 9	Y 1	Amount 25.00	
Full Name of Contributor Page D. Thorson					Registration Number, if PAC		
Street Address 2251 Oxford Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 9	Y 1	Amount 100.00	
Full Name of Contributor Karen M. Lombardo					Registration Number, if PAC		
Street Address 1953 Lytham Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 9	Y 1	Amount 25.00	
Full Name of Contributor J. David Karam					Registration Number, if PAC		
Street Address 2380 Onandaga Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 9	Y 1	Amount 200.00	
Full Name of Contributor Susan K. Dunlap					Registration Number, if PAC		
Street Address 1140 Millcreek Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 9	Y 1	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)]

Page Total \$ 550.00