

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Paul Bingle							
Full Name of Contributor Sandra Morrow					Registration Number, if PAC		
Street Address 718 N Elmwood		Employer/Occupation/Labor Organization* Self Employed			Form (Cash, Check, etc.) Check		
City Oak Park	State I	Zip Code L 60302	M 0	D 8	Y 3	Amount 107	50.00
Full Name of Contributor Susan Southwick Good					Registration Number, if PAC		
Street Address 3100 N High St		Employer/Occupation/Labor Organization* Southwick Good Funeral Home			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43202	M 0	D 8	Y 3	Amount 107	100.00
Full Name of Contributor Timothy Crawley					Registration Number, if PAC		
Street Address 100 W Weisheimer		Employer/Occupation/Labor Organization* Timothy Crawley Atty			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43214	M 0	D 9	Y 0	Amount 807	25.00
Full Name of Contributor Martha Trout					Registration Number, if PAC		
Street Address 4399 Colerain Ave		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43214	M 0	D 9	Y 1	Amount 407	100.00
Full Name of Contributor Marilyn Pramschufer					Registration Number, if PAC		
Street Address 235 W Kenworth		Employer/Occupation/Labor Organization* Columbus State Community college			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43214	M 0	D 9	Y 2	Amount 207	50.00
Full Name of Contributor Reminger & Reminger					Registration Number, if PAC CP495		
Street Address 1400 Midland Bldg., 101 Prospect Ave		Employer/Occupation/Labor Organization* Law Firm			Form (Cash, Check, etc.) Check		
City Cleveland	State O	Zip Code H 44116	M 1	D 0	Y 0	Amount 107	250.00
Full Name of Contributor Paul Bingle					Registration Number, if PAC		
Street Address 408 E Schreyer Pl		Employer/Occupation/Labor Organization* Earth Share of Ohio			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43214	M 1	D 0	Y 0	Amount 107	100.00
Full Name of Contributor Mary Jane Knapp					Registration Number, if PAC		
Street Address 482 E Schreyer Pl		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O	Zip Code H 43214	M 1	D 0	Y 0	Amount 107	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 \$ 775.00