

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Mildred Johnson							
Full Name of Contributor Greg Fountain					Registration Number, if PAC		
Street Address 423 Whitley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Gahanna	State O H	Zip Code 43230	M 0	D 3	Y 2	Amount 25.00	
Full Name of Contributor Sheila Young					Registration Number, if PAC		
Street Address 5514 Maple Canyon Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43229	M 0	D 3	Y 0	Amount 50.00	
Full Name of Contributor Kimberly Labat					Registration Number, if PAC		
Street Address 1937 Woods Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Riverdale	State G A	Zip Code 30296	M 0	D 4	Y 0	Amount 20.00	
Full Name of Contributor Thomas Few					Registration Number, if PAC		
Street Address 1925 E Dublin Granville Rd Ste 240		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43229	M 0	D 4	Y 1	Amount 50.00	
Full Name of Contributor JP Stearns					Registration Number, if PAC		
Street Address 6992 Nocturne Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 5	Y 2	Amount 281.00	
Full Name of Contributor Andrea Hickman					Registration Number, if PAC		
Street Address 6356 Brent Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 5	Y 3	Amount 20.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 446.00