

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS OF RAMONA REYES</b>							
Full Name of Contributor <b>CHARLIE HAMPTON</b>					Registration Number, if PAC		
Street Address <b>3806 RIVERVIEW DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PAY PAL</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>10</b>	D <b>14</b>	Y <b>13</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>JOHN TRUCCO</b>					Registration Number, if PAC		
Street Address <b>7606 WALDEN BLVD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PAY PAL</b>		
City <b>WALSILL</b>	State <b>WI</b>	Zip Code <b>54401</b>	M <b>10</b>	D <b>16</b>	Y <b>13</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>MICHAELA JOHNSON</b>					Registration Number, if PAC		
Street Address <b>415 E. MITCHELL ST.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>PAY PAL</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>10</b>	D <b>08</b>	Y <b>13</b>	Amount <b>5.00</b>	
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	
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	
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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **125.00**