

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Paul Bingle							
Full Name of Contributor James Logsdon					Registration Number, if PAC		
Street Address 175 W Weisheimer		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 0 1	Y 0 7	Amount 50.00	
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 Matina Ross					Registration Number, if PAC		
Street Address 465 Springs Dr		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 0 2	Y 0 7	Amount 100.00	
Full Name of Contributor Linda Paul					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 H	Zip Code 43214	M 1 0	D 0 4	Y 0 7	Amount 30.00	
Full Name of Contributor Anthony Missmi					Registration Number, if PAC		
Street Address 414 E North Broadway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 0 6	Y 0 7	Amount 25.00	
Full Name of Contributor T Roland Sams					Registration Number, if PAC		
Street Address 138 Jana -K Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43207	M 1 0	D 1 3	Y 0 7	Amount 200.00	
Full Name of Contributor Citizens for Kevin Bacon					Registration Number, if PAC		
Street Address 5325 Ponderosa Dr		Employer/Occupation/Labor Organization* State of Ohio			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43231	M 1 0	D 1 5	Y 0 7	Amount 50.00	
Full Name of Contributor Michael O'Sullivan					Registration Number, if PAC		
Street Address 4229 Gavin Ln		Employer/Occupation/Labor Organization* Wallner Financial			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 5	Y 0 7	Amount 25.00	

* 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 \$ **480.00**