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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Nancy Drees							
Full Name of Contributor			Registra	Registration Number, if PAC			
Robin Hall			- [
Street Address	Employer/Occup	ation/Labor Organization*	- L			Form (Cash. C	heck, etc.)
4141 Randmore Ct.				Paypal			
City	State	Zip Code	M	D	Y	Amount	
Columbus	OIH	43220	1 0	0 4	$1 \mid 1 \mid$		50.00
Full Name of Contributor	, - ,	<u> </u>			ber, if PA	С	
Cecilia Mills							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, C	heck, etc.)
1500 Bridgeton Dr.					Paypal		
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43220	110	0 4	1 1		50.00
Full Name of Contributor					ber, if PA	С	00.00
Leslie Millhon							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, C	heck, etc.)
2343 Coventry Rd.					•	Paypal	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43221	1110	0 4	111		100.00
Full Name of Contributor		10221			ber, if PA	C	100.00
Ingrid K. Brooker							
Street Address	Employer Occup	ation/Labor Organization*	1			Form (Cash, C	heck, etc.)
4464 Sussex Dr.				Check			
City	State	Zip Code	M	D	Y	Amount	
Columbus	ОІН	43220	1110	1 3	$ _{1 1}$		20.00
Full Name of Contributor		10220			ber, if PA	.C	20.00
Kathy L. Green			١				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, C	heck, etc.)		
2261 Pinebrook Rd.						Check	
City	State	Zip Code	I M	D	Y	Amount	
Columbus	OH	43220		1 3	I		25.00
Full Name of Contributor	1 0 1	10/2/20			ber, if PA	C	20.00
Nancy E. March							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, C	heck, etc.)
3756 Criswell Dr.	Surprise State Sta						
City	State	Zip Code	M	D	Y	Check	
Columbus	0 H	43220		1 3			50.00
Full Name of Contributor	0 1	10220			ber, if PA		00.00
Peggy A. Tidwell			1105.011				
Street Address	Funlover:Occup	ation/Labor Organization*	·			Form (Cash, C	heck etc.)
2240 Sedgwick Dr.	Employet/Occupation Encor Organization				Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43220	110	1 3		7 mount	100.00
Full Name of Contributor	10111	13220			L I I ber, if PA	C	100.00
1			Registit	ition ivan	1001, 1117		
Cheryl S. Godard Street Address	Employer/Occupation/Labor Organization*					Form (Cash C	heck etc)
2030 Cambridge Blvd.	проустоссирановедной отданилися			Form (Cash, Check, etc.) Check			
City	State	Zip Code	M	D	Y	Amount	
1 -	O H	43221	110	1	1 1		100.00
Upper Arlington		1 40221	TILO	1112	1111	<u> </u>	100.00

Page Total \$	105.00
rage rotars	495.00
	7/5,00

^{*} 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)]