

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT ED JOHNSTON							
Full Name of Contributor RONALD PORTA					Registration Number, if PAC		
Street Address 362 PITSFIELD DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State O H	Zip Code 43085	M 0 6	D 1 1	Y 1 1	Amount 20.00	
Full Name of Contributor BYRL R. SHOEMAKER					Registration Number, if PAC		
Street Address 92 CERAMIC DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43214	M 0 9	D 0 5	Y 1 1	Amount 100.00	
Full Name of Contributor GARY FRANCIS					Registration Number, if PAC		
Street Address 4801 OVERCREEK PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City POWELL	State O H	Zip Code 43065	M 0 9	D 2 4	Y 1 1	Amount 100.00	
Full Name of Contributor WILLIAM P. RUTHERFORD					Registration Number, if PAC		
Street Address 1114 HIGHLAND DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43220	M 1 0	D 0 8	Y 1 1	Amount 200.00	
Full Name of Contributor FRANK E. WHITE					Registration Number, if PAC		
Street Address 6659 LAKESIDE CIRCLE EAST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State O H	Zip Code 43085	M 1 0	D 2 5	Y 1 1	Amount 50.00	
Full Name of Contributor LARRY E. FRANCE					Registration Number, if PAC		
Street Address 5921 N. HIGH STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State O H	Zip Code 43085	M 1 0	D 2 5	Y 1 1	Amount 100.00	
Full Name of Contributor PERRY W. DORAN					Registration Number, if PAC		
Street Address 5481 BABBITT RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State O H	Zip Code 43054	M 1 0	D 3 1	Y 1 1	Amount 100.00	
Full Name of Contributor M. MICHELE HARRISON					Registration Number, if PAC		
Street Address 2864 LAUREL WIND BLVD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City LEWIS CENTER	State O H	Zip Code 43035	M 1 1	D 0 2	Y 1 1	Amount 50.00	

* 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)]