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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

					<u>-</u>			
Name of Committee in Full								
Friends Of Jeff Davis			D	tion No.	has if D4	C		
Full Name of Contributor			Kegistra	tion Numl	per, ii i'A	C		
Michael Davis	- In , in		ļ,			F (C1. C	L14- \	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6841 Rhineview Ct		15.72		1 5		check		
City	State	Zip Code	M	D	Y	Amount	200.00	
Dayton	OH	45459	1 0		1 1		200.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Amy Wise			<u> </u>					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2458 Hickory Bend Ct				_		check		
City	State	Zip Code	M.	D	Y	Amount		
Grove City	OH	43123		1 1	$1 \mid 1$		50.00	
Full Name of Contributor	·		Registra	ition Num	ber, if PA	.C		
Linda Swearingin								
Street Address	Employer/Occu	ipation/Labor Organization*				Form (Cash, Check, etc.)		
2303 Milligan Grove						check		
City	State	Zip Code	M	D	Y	Amount		
Grove City	OH	43123	1 0	16	1 1		50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	'C		
Patrick Rafter								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, C	heck, etc.)	
1202 Pond Hollow					check			
City	State	Zip Code	М	D	Y	Amount		
New Albany	OH	43054	1 0	019	1   1		100.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	VC.		
Steve White								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4619 Sandwich Ct						check		
City	State	Zip Code	М	D	Y	Amount		
Dublin	OHI	43017	019	0 7	111		100.00	
Full Name of Contributor	-		Registra	ation Num	ber, if PA	۸Ċ		
Robert Whitter								
Street Address	Employer/Occ	-	•		Form (Cash, C	Theck, etc.)		
3233 Farmbrook Dr						check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	OH	43123	110	1 6	1111		50.00	
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC .		
Leslie Bostic								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, C	Check, etc.)	
1898 Seaside Cir						check		
City	State	Zip Code	M	D	Y	Amount		
Grove City	OH	43123	1 0	16	1 1		50.00	
Full Name of Contributor				ation Nun		AC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount		
						<u> </u>		
				-		6.3		

\* 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 \$	600.00