

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Chris Valentine							
Full Name of Contributor Thomas Whatman						Registration Number, if PAC	
Street Address 3053 Meadowsglen Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017	M 1	D 0	Y 2 4 0 7	Amount \$250.00
Full Name of Contributor Lisa Liying Huang						Registration Number, if PAC	
Street Address 6176 Haddo Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017	M 1	D 0	Y 2 9 0 7	Amount \$500.00
Full Name of Contributor Stephen P. Schultz						Registration Number, if PAC	
Street Address 5778 Hawley Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017	M 1	D 1	Y 0 2 0 7	Amount \$50.00
Full Name of Contributor Winifred J. Jones						Registration Number, if PAC	
Street Address 8665 Canyon Cove Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Galloway		State OH	Zip Code 43119	M 1	D 1	Y 0 5 0 7	Amount \$25.00
Full Name of Contributor F. M. Firouzian, DDS						Registration Number, if PAC	
Street Address 1 Campus View Blvd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43235	M 1	D 0	Y 2 3 0 7	Amount \$500.00
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co. PAC						Registration Number, if PAC CP-1058	
Street Address 300 Spruce Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 2 6 0 7	Amount \$100.00
Full Name of Contributor D. Randall Bly						Registration Number, if PAC	
Street Address 8120 Holyrood Court			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017	M 1	D 1	Y 2 3 0 7	Amount \$100.00
Full Name of Contributor JASON M. GALLI						Registration Number, if PAC	
Street Address 6259 CRAUGHWELL LN			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State OH	Zip Code 43017	M 1	D 0	Y 2 1 0 7	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 also appear. [R.C. 3517.10(B)(4)]

1575.00
Page Total \$