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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N									
Name of Committee in Full									
Friends of Mildred Johnson			1-						
Name of Contributor				Registration Number, if PAC					
Leslie Bauknight	T								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check	k, etc.)		
13657 Mottlestone Dr						Check			
City	State	Zip Code	M	D	Y	Amount			
Pickerington	ОН	43147		0 8			20.00		
Full Name of Contributor Registration Number, if PAC									
Debbie J Kanable			<u> </u>						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check	k, etc.)		
1731 Haft Dr						Check			
City	State	Zip Code	M	D	Y	Amount			
Reynoldsburg	OH	43068	0.6	0.8	1 7		30.00		
Full Name of Contributor		<u>-</u>		tion Num		C			
Jeniffer Quesenberry			İ						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
949 Lancaster Ave						Check			
City	State	Zip Code	M	D	Y	Amount			
Reynoldsburg	OH	43068	0 6	0.8	1 7		50.00		
Full Name of Contributor	1	10000		tion Num		C	00.00		
Cornelius McGrady III			1						
Street Address	Employer/Occups	ation/Labor Organization*				Form (Cash, Checl	c etc.)		
	Employer	ation/Edoor Organization				Check	α, στο.)		
8675 Kingsley Dr	State	Zip Code	М	D	Y	Amount			
1 -	OH	43068		l .	1 7	Amount	50.00		
Reynoldsburg Full Name of Contributor	10 11	43000		0 8			30.00		
			Registra	HOII INUITI	bei, ii FA	.c			
Brandon G Barcus Street Address	IF1/O	- (- π - h 0 + i *	<u> </u>			Form (Cash, Checl	- eta)		
	Employer/Occupa	ation/Labor Organization*				· ·	k, etc.)		
1576 Safford Ave		Ta: 0 :	T >4		17	Check			
City	State	Zip Code	M	D	Y	Amount	5 0.00		
Columbus	O H	43223	0 6		1 7		50.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	C			
Kristin J Bryant			<u> </u>						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
387 Cheyenne Way	ļ <u>.</u>			,		Check			
City	State	Zip Code	M	D	Y	Amount			
Reynoldsburg	ОН	43068	0 6	0 8	1 7		100.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
Michelle E January									
Street Address	Employer/Occupa	ation/Labor Organization*		<u>-</u>		Form (Cash, Check	k, etc.)		
1766 Kenview Rd	_					Check_			
City	State	Zip Code	М	D	Y	Amount			
Columbus	OH	43209	0 6	0.8	1 7		100.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
Kenneth King			Ł						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check	k, etc.)		
4631 Healy Dr	1					Credit Ca	ard		
City	State	Zip Code	М	D	Y	Amount			
Columbus	ОН	43227	0 6	1 5	$1_{\perp}7$		20.00		

* 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 \$ 420.00