

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Dr. Jan Goenink</i>							
Full Name of Contributor <i>Robert Barrow + Carla Edler</i>					Registration Number, if PAC		
Street Address <i>1187 Middleport Dr.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43235</i>	M <i>05</i>	D <i>27</i>	Y <i>08</i>	Amount <i>75.00</i>	
Full Name of Contributor <i>Tom Stewart</i>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>		
City	State <i>OH</i>	Zip Code	M <i>05</i>	D <i>27</i>	Y <i>08</i>	Amount <i>100.00</i>	
Full Name of Contributor <i>Pam Tinney</i>					Registration Number, if PAC		
Street Address <i>215 The Glen</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>		
City <i>Tamiment</i>	State <i>OH PA</i>	Zip Code <i>18371</i>	M <i>05</i>	D <i>27</i>	Y <i>08</i>	Amount <i>20.00</i>	
Full Name of Contributor <i>Arnold R. + Sandra M. Richmond</i>					Registration Number, if PAC		
Street Address <i>507 Mechanist Place</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43230</i>	M <i>05</i>	D <i>28</i>	Y <i>08</i>	Amount <i>100.00</i>	
Full Name of Contributor <i>Ted Barrows</i>					Registration Number, if PAC		
Street Address <i>4834 Sakasata Dr</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Hillman</i>	State <i>OH</i>	Zip Code <i>43026</i>	M <i>05</i>	D <i>29</i>	Y <i>08</i>	Amount <i>50.00</i>	
Full Name of Contributor <i>Mark W. or Tammy S. Daniels</i>					Registration Number, if PAC		
Street Address <i>3808 Rockpointe Dr.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43221</i>	M <i>05</i>	D <i>30</i>	Y <i>08</i>	Amount <i>100.00</i>	
Full Name of Contributor <i>David A. Dobas</i>					Registration Number, if PAC		
Street Address <i>8227 Glenview Pl.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43016</i>	M <i>06</i>	D <i>03</i>	Y <i>08</i>	Amount <i>25.00</i>	
Full Name of Contributor <i>Phyllis P. Corts</i>					Registration Number, if PAC		
Street Address <i>2640 Dibble Ave</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43204</i>	M <i>06</i>	D <i>05</i>	Y <i>08</i>	Amount <i>25.00</i>	

* 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)]