

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Paul Johnson For Trustee									
Full Name of Contributor Paul L. Johnson							Registration Number, if PAC		
Street Address 677 N. Hague Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43204		M 0		D 9	
						Y 0		Amount \$500.00	
Full Name of Contributor Paul L. Johnson							Registration Number, if PAC		
Street Address 677 N. Hague Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43204		M 0		D 9	
						Y 2		Amount \$400.00	
Full Name of Contributor Paul L. Johnson							Registration Number, if PAC		
Street Address 677 N. Hague Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43204		M 0		D 9	
						Y 3		Amount \$200.00	
Full Name of Contributor Harold Hambrock							Registration Number, if PAC		
Street Address 1435 Wiltshire Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43223		M 1		D 0	
						Y 1		Amount \$20.00	
Full Name of Contributor Paul L. Johnson							Registration Number, if PAC		
Street Address 677 N. Hague Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43204		M 1		D 1	
						Y 0		Amount \$1,155.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	

* 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)]

Page Total **\$2,275.00**