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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Friends of Mildred Johnson	Name of Committee in Full								
Fall Name of Contributor	ž.								
Anthony Gray Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Cash		 		- 12					
Street Address			Registration Number, if PAC						
Cash City State City Code M D T Amount Cash City									
State Zip Code N		Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Blacklick							Cash		
Full Name of Contributor Liana Wicker Street Address 8434 Reynoldsburg Dr State Zap Code		,	1 '	į.	j .	j .	Amount		
Liana Wicker Employer(Occupation Labor Organization* Street Address Employer(Occupation Labor Organization* State Zip Code O	<u>Blacklick</u>	ОН	43004	0.8	1:0	1 7		50.00	
State Address Employer/Occupation/Labor Organization* State Zip Code M D Y Amount	Full Name of Contributor			Registra	tion Num	ber, if PA	iC		
State	Liana Wicker			İ					
State Zip Code	Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
State Zip Code	8434 Reynoldsburg Dr							Cash	
Part Name of Contributor Carlonda L Lindsay Employer/Occupation/Labor Organization* Registration Number, if PAC	City	State	Zip Code	М	T D	Y			
Part Name of Contributor Carlonda L Lindsay Employer/Occupation/Labor Organization* Registration Number, if PAC		i	['	10.8	110	1 7	i	25.00	
Carlonda L Lindsay			1 10000				C	20.00	
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				2108.5					
State Zip Code M		Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	ank etc.)	
State		Employer/Occupation/Labor Organization							
Deltona		Canta	Ti- C-1-		T n	T V			
Full Name of Contributor Malaysia T Pollard Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check	•	l .			1	ſ	Amount	20.00	
Malaysia T Pollard		<u> </u>	32/25				<u> </u>	20.00	
Employer/Occupation/Labor Organization*				Registra	ition Num	ber, if PA	.C		
Check				L					
State Zip Code M D Y Amount	1	Employer/Occup	ation/Labor Organization*					eck, etc.)	
Blacklick							Check		
Full Name of Contributor Demetra A Taylor Street Address 306 Harland Dr City Columbus State Columbus Street Address 8175 Rodebaugh Rd City Amount State City Check City State City State City Check City State City Check City State City Check City	l l	Zip Code	М	D	Y	Amount			
Demetra A Taylor	Blacklick	O H	43004	0.8	1 0	1 7		20.00	
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check	Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check	Demetra A Taylor			ł					
State Columbus C	Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
State Columbus C	306 Harland Dr						Check		
Columbus	City	State	Zip Code	М	D	Y			
Full Name of Contributor Latasha Goodwin	Columbus	Іо н	43207	0.8	110	1:7		35.00	
Latasha Goodwin			10207				C	00.00	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	I					,			
State Check		Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck etc.)	
State Zip Code M							•		
Reynoldsburg		Ctota	Tin Codo	LM	I D	ĪV			
Registration Number, if PAC			·	- 1	l .	1		E0.00	
Amy K Sanders Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		10 11	43000					30.00	
Street Address 4215 McNamara PI State Zip Code M D Y Amount Lewis Center O H 43035 0 8 1 0 1 7 60.00 Full Name of Contributor Latasha Goodwin Street Address 8175 Rodebaugh Rd City State Zip Code M D D Y Amount Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Registration Number, if PAC Form (Cash, Check, etc.) Check Check Amount Amount				Registra	uion ivum	ber, ii PA	iC .		
A215 McNamara Pl State Zip Code M D Y Amount									
State Zip Code M D Y Amount		Employer/Occupation/Labor Organization*						eck, etc.)	
Lewis Center O H 43035 0 8 1 0 1 7 60.00 Full Name of Contributor Latasha Goodwin Registration Number, if PAC Street Address									
Full Name of Contributor Latasha Goodwin Street Address 8175 Rodebaugh Rd City Registration Number, if PAC Form (Cash, Check, etc.) Check Amount	City		1 -	1	1		Amount		
Latasha Goodwin Street Address 8175 Rodebaugh Rd City State State Latasha Goodwin Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check Amount	Lewis Center	O H	43035	0 8	1 0	1.7	<u> </u>	60.00	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 8175 Rodebaugh Rd City State Zip Code M D Y Amount	Full Name of Contributor			Registra	ation Num	ber, if PA	C		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 8175 Rodebaugh Rd City State Zip Code M D Y Amount	Latasha Goodwin								
City State Zip Code M D Y Amount		Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
City State Zip Code M D Y Amount	8175 Rodebaugh Rd						Check		
		State	Zip Code	М	D	Y			
	•	OH	43068	0 9	2 9	117		<u>5</u> 5.00	

Page Total \$ 315.00

^{*} 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)]