

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Ken Granville									
Full Name of Contributor Joy E. Todd - DDS						Registration Number, if PAC N/A			
Street Address 181 Granville Street #305			Employer/Occupation/Labor Organization* Self Employed/ Dentist / Non Partizan- Citizen				Form (Cash, Check, etc.) Check		
City Gahanna		State O	H	Zip Code 43230		M 1	D 0	Y 1	Amount 600.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		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		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		Zip Code		M	D	Y	Amount
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City		State		Zip Code		M	D	Y	Amount
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City		State		Zip Code		M	D	Y	Amount
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City		State		Zip Code		M	D	Y	Amount
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City		State		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		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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **600.00**