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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Schregardus				
Full Name of Contributor Sarah Schregardus			Registration Number, if PAC	
Street Address 5809 Jasonway Dr.	Employer/Occu	pation/Labor Organization*	 	Form (Cash, Check, etc.)
City Hilliard	State OH	Zip Code 43026	0 2 0 1 1 7	Amount \$50.00
Full Name of Contributor Sandra E. Booth			Registration Number, if PAC	
Street Address 3620 N. High Street, Suite 310	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43214	0 2 0 3 1 7	Amount \$500.00
Full Name of Contributor Registration Patricia Austin			Registration Number, if P	AC
Street Address 4270 Winterringer Street, P.O. Box 516	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Hilliard	State OH	Zíp Code 43026	0 2 0 5 1 7	Amount \$100.00
Full Name of Contributor Registration Number, if PA Courtney Gilbreath				AC
Street Address 4836 Heath Trails Rd.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) check
City Hilliard	State OH	Zip Code 43026	0 2 1 0 1 7	Amount \$100.00
Full Name of Contributor Registration Number, if PAC Steven Herron				
Street Address 6799 Cliffside Dr.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
City Vermilion	State OH	Zip Code 44089	0 2 1 7 1 7	Amount \$50.00
Full Name of Contributor Registration Number, if I				AC
Street Address 2836 Myakka Creek Ct.	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check
City Port Charlotte	State FL	Zip Code 33953	0 2 2 3 1 7	Amount \$50.00
Full Name of Contributor Registration Number, if F Lisa Cohn				AC
Street Address 34 Bayview Street	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check
City Belfast	State ME	Zip Code 04915	M D Y 0 2 2 8 1 7	Amount \$20.00
Full Name of Contributor Registration Number, if P. David H. Thomas				AC
Street Address 3010 Shadywood Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43221	0 3 0 2 1 7	Amount \$250.00

^{*}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 also appear. [R.C. 3517.10(B)(4)]