

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Nancy Drees							
Full Name of Contributor Mark P. Murphy					Registration Number, if PAC		
Street Address 1610 Ardwick Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 0 6	D 2 0	Y 1 1	Amount 100.00	
Full Name of Contributor David Drees					Registration Number, if PAC		
Street Address 3781 Criswell Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 7	D 1 1	Y 1 1	Amount 1,500.00	
Full Name of Contributor Liz Riley					Registration Number, if PAC		
Street Address 4732 Stonehaven Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 8	D 1 9	Y 1 1	Amount 250.00	
Full Name of Contributor Committee for Wade Steen					Registration Number, if PAC		
Street Address 2500 Sherwin Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0 8	D 1 9	Y 1 1	Amount 100.00	
Full Name of Contributor Anita Bennett					Registration Number, if PAC		
Street Address 3816 Criswell Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal		
City Columbus	State O H	Zip Code 43220	M 0 8	D 1 9	Y 1 1	Amount 100.00	
Full Name of Contributor Jeffrey L. Porterfield					Registration Number, if PAC		
Street Address 2273 Picket Post Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 8	D 2 4	Y 1 1	Amount 100.00	
Full Name of Contributor Dimitrios Mandas					Registration Number, if PAC		
Street Address 4525 Coach Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 8	D 2 4	Y 1 1	Amount 25.00	
Full Name of Contributor Debra A. Showe					Registration Number, if PAC		
Street Address 2570 Clarion Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 8	D 2 4	Y 1 1	Amount 50.00	

* 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)]

Page Total \$ 2,225.00