Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Fuli						
Friends of Nancy Drees						
Full Name of Contributor			Register	tion Num	ber, if PA	Ċ
			Registra	idon (vaii)	ber, n r	
Mark P. Murphy Street Address	Employee/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)
	istupioyer/occup	ation Labor Organization				
1610 Ardwick Rd.	2	T& 3 .			т	Check
City	State	Zip Code	M	D	Y	Amount
Upper Arlington	O H	43220		2 0		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
David Drees						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
3781 Criswell Dr.						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	O H	43220	0 7	1 1	1 1	1,500.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
Liz Riley						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
4732 Stonehaven Dr.						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	$O \mid H$	43220	1018	1 9	111	250.00
Full Name of Contributor					ber, if PA	·
Committee for Wade Steen						
Street Address	Employer/Occup	ation/Labor Organization*			-	Form (Cash, Check, etc.)
2500 Sherwin Rd.	Zingroyen occupation (Manual Organization)				Check	
City	State	Zip Code	М	D	Y	Amount
Upper Arlington	OH	43221	•	1 9		100.00
Full Name of Contributor	101	40221			ber, if PA	
Anita Bennett			Registra	CION INGIII	bei, ii i A	
Street Address	Complement Oceans	ation/Labor Organization*				F. (C.) C. (.)
	EmployenOccup	atton/Labor Organization*				Form (Cash, Check, etc.)
3816 Criswell Dr.		la: a .	1	· -		Paypal
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43220		1 9		100.00
Full Name of Contributor			Registra	tion Num	her, if PA	С
Jeffrey L. Porterfield						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2273 Picket Post Ln.						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	0 H	43220	0 8	2 4	1 1	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Dimitrios Mandas			1			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
4525 Coach Rd.	ŀ					Check
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43220	018	2 4	1 1	25.00
Full Name of Contributor		 -			ber, if PA	
Debra A. Showe						
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
2570 Clarion Ct.		-				Check
City	State	Zip Code	М	D	Ý	Amount
Columbus	OIH	43220	018			50.00
Columbus		10220	IUIO	L ±	TIT	

Page Total \$	2,225.00

^{*} 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)]