

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Cortez Bogard							
Full Name of Contributor Danielle Sturgis						Registration Number, if PAC	
Street Address 1162 E Broad St			Employer/Occupation/Labor Organization* SIMCO Constructions			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code		M 0	D 2	Y 2
						Amount \$25.00	
Full Name of Contributor A. Robert Hutchins						Registration Number, if PAC	
Street Address 750 E Long St			Employer/Occupation/Labor Organization* Attorney - Self Employed			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43203		M 0	D 2	Y 2
						Amount \$25.00	
Full Name of Contributor Monique M Madiso						Registration Number, if PAC	
Street Address 919 Holly Hill Dr			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220		M 0	D 2	Y 2
						Amount \$25.00	
Full Name of Contributor Kathleen Nicole Battle						Registration Number, if PAC	
Street Address 2302 Waterpointe Court			Employer/Occupation/Labor Organization* Wexner Medical Center			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209		M 0	D 2	Y 2
						Amount \$25.00	
Full Name of Contributor Eric D Carmicheal						Registration Number, if PAC	
Street Address 1299 Moodwood Place			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code		M 0	D 2	Y 2
						Amount \$50.00	
Full Name of Contributor Nancy Pyon						Registration Number, if PAC	
Street Address 379 W 4th Ave			Employer/Occupation/Labor Organization* Robert Halfe			Form (Cash, Check, etc.) Cash	
City Columbus		State OH	Zip Code 43201		M 0	D 2	Y 2
						Amount \$100.00	
Full Name of Contributor Frederick Bossman						Registration Number, if PAC	
Street Address 60 E Spring St #129			Employer/Occupation/Labor Organization* Self Employed			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code		M 0	D 2	Y 2
						Amount \$100.00	
Full Name of Contributor Perry Jennings						Registration Number, if PAC	
Street Address PO Box 13724			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code		M 0	D 2	Y 2
						Amount \$100.00	

* 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(D)(4)]

Page Total **\$450.00**