

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS OF RAMONA REYES					
Full Name of Contributor OYALMA M. + SACHEEN N. GARRISON				Registration Number, if PAC	
Street Address 8033 SLATE PARK AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City REYNOLDSBURG	State OH	Zip Code 43068	M 04	D 16	Y 09
				Amount 100.00	
Full Name of Contributor WILLIAM J. + DONNA L. HARTNETT				Registration Number, if PAC	
Street Address 946 PIKE DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City MANSFIELD	State OH	Zip Code 44903	M 03	D 26	Y 09
				Amount 100.00	
Full Name of Contributor JOHN M. JACKSON				Registration Number, if PAC	
Street Address 31 LIBERTY RIDGE AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City POWELL	State OH	Zip Code 43065	M 02	D 05	Y 09
				Amount 150.00	
Full Name of Contributor AKEEM CLEVE IMAN-JONES				Registration Number, if PAC	
Street Address 4955 PANCHFREE LANE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43231	M 01	D 13	Y 09
				Amount 100.00	
Full Name of Contributor COLEMAN FOR COLUMBUS				Registration Number, if PAC	
Street Address 530 E. WALNUT ST.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43215	M 06	D 10	Y 09
				Amount 250.00	
Full Name of Contributor OAPSE AFSCME TURNAROUND OHIO PAC				Registration Number, if PAC LA 1269	
Street Address 6805 DAK CREEK DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43229	M 06	D 22	Y 09
				Amount 2,000.00	
Full Name of Contributor ALEJANDRO RODRIGUEZ				Registration Number, if PAC	
Street Address 7574 GLENWOOD AVE NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City CANAL WINCHESTER	State OH	Zip Code 43110	M 06	D 17	Y 09
				Amount 100.00	
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM NO. 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City	State OH	Zip Code	M 02	D 27	Y 09
				Amount 2,815.00	

* 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)]

\$ 5,615.00

Page Total **\$0.00**