

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Nancy Drees							
Full Name of Contributor Geoffrey B. Blossom					Registration Number, if PAC		
Street Address 1937 Stanford Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 9	Y 1	Amount 100.00	
Full Name of Contributor Dr. Richard A. Caldwell					Registration Number, if PAC		
Street Address 1143 Millcreek Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Kyle Corna					Registration Number, if PAC		
Street Address 1765 Edgemont Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal		
City Columbus	State O H	Zip Code 43212	M 0	D 9	Y 1	Amount 25.00	
Full Name of Contributor Victoria B. Shanahan					Registration Number, if PAC		
Street Address 1974 Bedford Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 9	Y 3	Amount 25.00	
Full Name of Contributor Patricia Jackson					Registration Number, if PAC		
Street Address 1798 Andover Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 9	Y 3	Amount 50.00	
Full Name of Contributor Donna K. Mason					Registration Number, if PAC		
Street Address 1570 London Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 9	Y 3	Amount 50.00	
Full Name of Contributor Catherine R. Wheaton					Registration Number, if PAC		
Street Address 4544 Benderton Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43320	M 0	D 9	Y 3	Amount 25.00	
Full Name of Contributor Deborah D. Johnson					Registration Number, if PAC		
Street Address 1101 Kingsdale Ter.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 9	Y 3	Amount 25.00	

* 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 \$ 350.00