

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full WHITNEY SMITH FOR OHIO									
Full Name of Contributor MICHAEL WILKINS							Registration Number, if PAC		
Street Address BEST EFFORT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CREDIT CARD		
City OH		State OH		Zip Code		M 0		D 4	
						Y 2		6	
						Y 1		7	
Amount \$10.00									
Full Name of Contributor JOSEPH SOMMER							Registration Number, if PAC		
Street Address 5672 GREAT HALL COURT			Employer/Occupation/Labor Organization* RETIRED				Form (Cash, Check, etc.) CREDIT CARD		
City COLUMBUS		State OH		Zip Code 43231		M 0		D 4	
						Y 2		7	
						Y 1		7	
Amount \$200.00									
Full Name of Contributor DEBORAH A. WALLACE							Registration Number, if PAC		
Street Address 6188 CHAMPIONS DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CREDIT CARD		
City WESTERVILLE		State OH		Zip Code 43082		M 0		D 5	
						Y 0		1	
						Y 1		7	
Amount \$25.00									
Full Name of Contributor JOHN KANGAS							Registration Number, if PAC		
Street Address 336 E TORRENCE ROAD			Employer/Occupation/Labor Organization* RETIRED				Form (Cash, Check, etc.) CREDIT CARD		
City COLUMBUS		State OH		Zip Code 43214		M 0		D 5	
						Y 0		6	
						Y 1		7	
Amount \$30.00									
Full Name of Contributor F. DONALD BUSH							Registration Number, if PAC		
Street Address PO BOX 567			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WORTHINGTON		State OH		Zip Code 43085		M 0		D 4	
						Y 2		7	
						Y 1		7	
Amount \$50.00									
Full Name of Contributor JORDI ARLMANY							Registration Number, if PAC		
Street Address 1838 PEMBROOK ROAD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City SPRINGFIELD		State OH		Zip Code 45504		M 0		D 4	
						Y 2		7	
						Y 1		7	
Amount \$100.00									
Full Name of Contributor GERRI JARVIS							Registration Number, if PAC		
Street Address 2926 GRATZ RIDGE ROAD			Employer/Occupation/Labor Organization* VAPOR STATION/OWNER				Form (Cash, Check, etc.) CHECK		
City GROVE CITY		State OH		Zip Code 43123		M 0		D 4	
						Y 2		7	
						Y 1		7	
Amount \$350.00									
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
		OH				Y			
Amount									

* 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)]

Page Total **\$765.00**