

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Amy Harkins											
Full Name of Contributor Amy Harkins						Registration Number, if PAC					
Street Address 56 E Kanawha Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Act Blue				
City Columbus		State O H		Zip Code 43214		M 0		D 9		Y 1 9 1 7	
						Amount 100.00					
Full Name of Contributor Adam Bulizak						Registration Number, if PAC					
Street Address 178 E Longview			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Act Blue				
City Columbus		State O H		Zip Code 43202		M 0		D 9		Y 2 6 1 7	
						Amount 100.00					
Full Name of Contributor Matt Hobbs						Registration Number, if PAC					
Street Address 1144 Riva Ridge			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Act Blue				
City Gahanna		State O H		Zip Code 43230		M 0		D 9		Y 2 7 1 7	
						Amount 100.00					
Full Name of Contributor Leanne Lawry						Registration Number, if PAC					
Street Address 2554 W Logan Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Act Blue				
City Chicago		State I L		Zip Code 60647		M 0		D 9		Y 2 7 1 7	
						Amount 100.00					
Full Name of Contributor Keith William Stevens						Registration Number, if PAC					
Street Address 1620 E Broad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ActBlue donation				
City Columbus		State O H		Zip Code 43203		M 0		D 9		Y 2 8 1 7	
						Amount 100.00					
Full Name of Contributor Sarah Prewitt						Registration Number, if PAC					
Street Address 324 Canyon Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ActBlue donation				
City Winchester		State V A		Zip Code 22602		M 1		D 0		Y 1 0 1 7	
						Amount 100.00					
Full Name of Contributor Melissa Duncan						Registration Number, if PAC					
Street Address 2100 Oregon Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ActBlue Donation				
City Orlando		State F L		Zip Code 32803		M 1		D 0		Y 1 4 1 7	
						Amount 100.00					
Full Name of Contributor Melissa Duncan						Registration Number, if PAC					
Street Address 2100 Oregon Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Act Blue Donation				
City Orlando		State F L		Zip Code 32803		M 0		D 8		Y 0 6 1 7	
						Amount 300.00					

* 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 \$ 1,000.00