

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Jim Reese							
Full Name of Contributor Joy P Lattimore					Registration Number, if PAC		
Street Address 610 Olde North Church Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0 9	D 1 6	Y 1 6	Amount 25.00	
Full Name of Contributor Dirk M Cantrell					Registration Number, if PAC		
Street Address 948 Old Pine Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 6	Y 1 6	Amount 25.00	
Full Name of Contributor Robert E Fathman					Registration Number, if PAC		
Street Address 5805 Tarton Circle North		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 9	D 1 6	Y 1 6	Amount 30.00	
Full Name of Contributor Kathryn Spinelli					Registration Number, if PAC		
Street Address 97 Southwind Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 2 3	Y 1 6	Amount 50.00	
Full Name of Contributor Michael J. Hunter					Registration Number, if PAC		
Street Address 2142 Weslevan Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 9	D 2 3	Y 1 6	Amount 50.00	
Full Name of Contributor Jane Lee Law Office LLC					Registration Number, if PAC		
Street Address PO Box 21614		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 1 9	Y 1 6	Amount 25.00	
Full Name of Contributor Ruth Pitman					Registration Number, if PAC		
Street Address 6449 Rings Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Dublin	State O H	Zip Code 43016	M 0 9	D 0 6	Y 1 6	Amount 10.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 215.00