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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				-				
Name of Committee in Full								
Friends of Jim Reese			In .		Listen (c		
Full Name of Contributor			Registrat	non Num	ber, if PA	C		
Joy P Lattimore								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)	
610 Olde North Church Drive						Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	0 H	43081	0 9	1 6	1 6		25.00	
Full Name of Contributor			Registrat	tion Num	ber, if PA	с		
Dirk M Cantrell								
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Chec	k, etc.)	
948 Old Pine Dr						1		
City	State	Zip Code	М	D	Y	Amount		
Gahanna	OLH	43230	019	116	1 6	1	25.00	
Full Name of Contributor					ber, if PA	C		
Robert E Fathman								
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Chec	k, etc.)	
5805 Tarton Circle North	, solvar					Check		
	State	Zip Code	М	D	ΙΥ	Amount	**	
City Dealaling	OIH	43017	019	l .	1		30.00	
Dublin		1 43017			ıber, if PA	C	50.00	
Full Name of Contributor			registra					
Kathryn Spinelli	F	antion II when Organization				Form (Cash, Chec	:k. etc.)	
Street Address	Employer/Occup	pation/Labor Organization*)	Credit C		
97 Southwind Drive		Tat- C-4-		Б	ΤΥ	Amount	aru	
City	State	Zip Code	M	D	I .	L	E0.00	
Gahanna	O H	43230	0 9				50.0 <u>0</u>	
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC .		
Michael J. Hunter						a (a : a:		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
2142 Wesleyan Dr						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	0 H	43221	0 9				50.00	
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC .		
Jane Lee Law Office LLC								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)	
PO Box 21614						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OIH	43221	1 0	119	1 6	1	25.00	
Full Name of Contributor			Registra	ition Nun	nber, if PA	AC .		
Ruth Pitman								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)	
	ampiosan occupation ration organization					Cash		
6449 Rings Ave	State	Zip Code	Тм	ТБ	Y	Amount		
City		1 ⁻	0 9	1 .		1	10.00	
Dublin	O H	43010			nber, if PA		10.00	
Full Name of Contributor			ive8isu.	LLION ITM				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1					_	<u> </u>		
City	State	Zip Code	M	D	1 Y	Amount		
						name of the		

Page Total \$	215.00

^{*} 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)]