

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Mildred Johnson							
Full Name of Contributor Shanette Strickland					Registration Number, if PAC		
Street Address 651 Mirandy Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 3	Y 1 5 1 7	Amount 1.00	
Full Name of Contributor Roger Glass					Registration Number, if PAC		
Street Address 7659 Cypress Point Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Pickerington	State O H	Zip Code 43147	M 0	D 3	Y 2 3 1 7	Amount 25.00	
Full Name of Contributor LaTonya Carroll					Registration Number, if PAC		
Street Address 694 Gibbard Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43201	M 0	D 3	Y 2 3 1 7	Amount 25.00	
Full Name of Contributor Sheldon Kee					Registration Number, if PAC		
Street Address 8402 Brickshire Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Blacklick	State O H	Zip Code 43004	M 0	D 3	Y 2 4 1 7	Amount 25.00	
Full Name of Contributor April Wyatt					Registration Number, if PAC		
Street Address 8159 Tributary Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 3	Y 2 6 1 7	Amount 25.00	
Full Name of Contributor Kimberly Allen-Davis					Registration Number, if PAC		
Street Address 2686 Bloom Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43219	M 0	D 3	Y 2 6 1 7	Amount 25.00	
Full Name of Contributor Karen Clark					Registration Number, if PAC		
Street Address 2662 Atwood Terrace		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43211	M 0	D 3	Y 2 6 1 7	Amount 20.00	
Full Name of Contributor Ja'Von Blunt					Registration Number, if PAC		
Street Address 8128 Cooke Ct Apt 101		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Manassas	State V A	Zip Code 20109	M 0	D 3	Y 2 7 1 7	Amount 15.00	

* 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 \$ 161.00