

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|   |                     |                          |   |   |                             |  |    |
|---|---------------------|--------------------------|---|---|-----------------------------|--|----|
| Name of Committee in Full<br><b>Friends of Mildred Johnson</b>        |                     |                          |   |   |                             |  |    |
| Full Name of Contributor<br><b>Roger Glass</b>                        |                     |                          |   |   | Registration Number, if PAC |  |    |
| Street Address  |                     |                          | Employer/Occupation/Labor Organization* |   |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |    |
| City  | State               | Zip Code                 | M                                       | D | Y                           | Amount   |    |
|   |                     |                          | 1                                       | 0 | 2                           | 0  | 17 |
| Amount <b>25.00</b>   |                     |                          |   |   |                             |  |    |
| Full Name of Contributor<br><b>Melita Smith</b>                       |                     |                          |   |   | Registration Number, if PAC |  |    |
| Street Address  |                     |                          | Employer/Occupation/Labor Organization* |   |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |    |
| City  | State               | Zip Code                 | M                                       | D | Y                           | Amount   |    |
|   |                     |                          | 1                                       | 0 | 2                           | 2  | 17 |
| Amount <b>50.00</b>   |                     |                          |   |   |                             |  |    |
| Full Name of Contributor<br><b>Shanette Strickland/Strickland LLC</b> |                     |                          |   |   | Registration Number, if PAC |  |    |
| Street Address<br><b>651 Mirandy Pl</b>                               |                     |                          | Employer/Occupation/Labor Organization* |   |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |    |
| City<br><b>Reynoldsburg</b>   | State<br><b>O H</b> | Zip Code<br><b>43068</b> | M                                       | D | Y                           | Amount   |    |
|   |                     |                          | 1                                       | 0 | 2                           | 2  | 17 |
| Amount <b>150.00</b>  |                     |                          |   |   |                             |  |    |
| Full Name of Contributor<br><b>Thomas Few</b>                         |                     |                          |   |   | Registration Number, if PAC |  |    |
| Street Address  |                     |                          | Employer/Occupation/Labor Organization* |   |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |    |
| City  | State               | Zip Code                 | M                                       | D | Y                           | Amount   |    |
|   |                     |                          | 1                                       | 0 | 2                           | 3  | 17 |
| Amount <b>50.00</b>   |                     |                          |   |   |                             |  |    |
| Full Name of Contributor<br><b>Melvina Johnson</b>                    |                     |                          |   |   | Registration Number, if PAC |  |    |
| Street Address<br><b>1191 Tessier Dr</b>                              |                     |                          | Employer/Occupation/Labor Organization* |   |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |    |
| City<br><b>Columbus</b>   | State<br><b>O H</b> | Zip Code<br><b>43235</b> | M                                       | D | Y                           | Amount   |    |
|   |                     |                          | 1                                       | 0 | 2                           | 4  | 17 |
| Amount <b>50.00</b>   |                     |                          |   |   |                             |  |    |
| Full Name of Contributor<br><b>Katreina Gillins</b>                   |                     |                          |   |   | Registration Number, if PAC |  |    |
| Street Address  |                     |                          | Employer/Occupation/Labor Organization* |   |                             | Form (Cash, Check, etc.)<br><b>Credit Card</b> |    |
| City  | State               | Zip Code                 | M                                       | D | Y                           | Amount   |    |
|   |                     |                          | 1                                       | 0 | 3                           | 1  | 17 |
| Amount <b>100.00</b>  |                     |                          |   |   |                             |  |    |
| Full Name of Contributor<br><b>Christopher Marlowe Shook</b>          |                     |                          |   |   | Registration Number, if PAC |  |    |
| Street Address<br><b>572 Hunnicut Dr</b>                              |                     |                          | Employer/Occupation/Labor Organization* |   |                             | Form (Cash, Check, etc.)<br><b>Check</b>       |    |
| City<br><b>Reynoldsburg</b>   | State<br><b>O H</b> | Zip Code<br><b>43068</b> | M                                       | D | Y                           | Amount   |    |
|   |                     |                          | 1                                       | 0 | 2                           | 4  | 17 |
| Amount <b>100.00</b>  |                     |                          |   |   |                             |  |    |
| Full Name of Contributor<br><b>Kristin Bryant</b>                     |                     |                          |   |   | Registration Number, if PAC |  |    |
| Street Address<br><b>387 Cheyenne Way</b>                             |                     |                          | Employer/Occupation/Labor Organization* |   |                             | Form (Cash, Check, etc.)<br><b>Cash</b>        |    |
| City<br><b>Reynoldsburg</b>   | State<br><b>O H</b> | Zip Code<br><b>43068</b> | M                                       | D | Y                           | Amount   |    |
|   |                     |                          | 1                                       | 0 | 2                           | 4  | 17 |
| Amount <b>100.00</b>  |                     |                          |   |   |                             |  |    |

\* 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)]