

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Mildred Johnson							
Full Name of Contributor Shermane Marsh					Registration Number, if PAC		
Street Address 2839 Marblewood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43219	M 0	D 4	Y 1 7	Amount 25.00	
Full Name of Contributor Joseph Roberts					Registration Number, if PAC		
Street Address 1876 Drew Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43235	M 0	D 4	Y 1 7	Amount 20.00	
Full Name of Contributor Meredith Rowe					Registration Number, if PAC		
Street Address 2100 Belltree Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 4	Y 1 7	Amount 20.00	
Full Name of Contributor Jeniffer L Quesenberry					Registration Number, if PAC		
Street Address 949 Lancaster Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 4	Y 1 7	Amount 20.00	
Full Name of Contributor Lisa A Barclay					Registration Number, if PAC		
Street Address 947 E Johnstown Rd #142		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0	D 4	Y 1 7	Amount 20.00	
Full Name of Contributor Sierra J Austin					Registration Number, if PAC		
Street Address 554 Townsend Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43223	M 0	D 4	Y 1 7	Amount 20.00	
Full Name of Contributor Cornelius McGrady III					Registration Number, if PAC		
Street Address 8675 Kingsley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 4	Y 1 7	Amount 25.00	
Full Name of Contributor Robert E Gresham					Registration Number, if PAC		
Street Address 641 Mirandy Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0	D 4	Y 1 7	Amount 25.00	

* 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)]