

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full People for Shirli Billings							
Full Name of Contributor Steve & Lynnda Davis					Registration Number, if PAC		
Street Address 7153 Lambton Park		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43054	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Nancy Ferguson					Registration Number, if PAC		
Street Address 4789 Yantis Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43054	M 1	D 0	Y 2	Amount 500.00	
Full Name of Contributor Cassandra Bozeman					Registration Number, if PAC		
Street Address 6947 New Albany Links Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43054	M 1	D 0	Y 2	Amount 25.00	
Full Name of Contributor TaKeysha Sheppard Cheney					Registration Number, if PAC		
Street Address 6988 Greensward Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43054	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Jeffrey & Deborah Milks					Registration Number, if PAC		
Street Address 6966 New Albany Rd. East		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43054	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Jerry & Jacqualine Allen					Registration Number, if PAC		
Street Address 3751 Prestwoud Close		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43054	M 1	D 0	Y 2	Amount 200.00	
Full Name of Contributor Linda A. Meeks					Registration Number, if PAC		
Street Address 4 Alban Mews		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43054	M 1	D 0	Y 2	Amount 200.00	
Full Name of Contributor Thomas W. & Laurie Hill					Registration Number, if PAC		
Street Address 7 Wiveliscombe		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43054	M 1	D 0	Y 2	Amount 100.00	

* 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 also appear. [R.C. 3517.10(B)(4)]