

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Bob Bailey							
Full Name of Contributor Robert Weatherby					Registration Number, if PAC		
Street Address 3851 Elbern Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Whitehall	State O H	Zip Code 43213	M 0 9	D 3 0	Y 0 9	Amount 30.00	
Full Name of Contributor Renee Error					Registration Number, if PAC		
Street Address 9230 Maxwell Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check #6213		
City Dublin	State O H	Zip Code 43017	M 0 9	D 3 0	Y 0 9	Amount 50.00	
Full Name of Contributor Ohio & Vicinity Regional Council S. Central Office PCE					Registration Number, if PAC		
Street Address 1394 Courtright Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check #1096		
City Columbus	State O H	Zip Code 43227	M 1 0	D 0 1	Y 0 9	Amount 200.00	
Full Name of Contributor Dave & Roberta Hagemann					Registration Number, if PAC		
Street Address 3729 Elbern Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check #3785		
City Whitehall	State O H	Zip Code 43213	M 1 0	D 0 9	Y 0 9	Amount 30.00	
Full Name of Contributor Erma Duffy					Registration Number, if PAC		
Street Address 517 Beechwood Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check #5257		
City Whitehall	State O H	Zip Code 43213	M 1 0	D 0 9	Y 0 9	Amount 25.00	
Full Name of Contributor Terri Roule					Registration Number, if PAC		
Street Address 257 Santa Maria Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check #5560		
City Whitehall	State O H	Zip Code 43213	M 1 0	D 1 0	Y 0 9	Amount 25.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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(4)(4))

Page Total \$ 360.00