

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Mildred Johnson							
Full Name of Contributor Anthony Gray					Registration Number, if PAC		
Street Address 203 Bexhill Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Blacklick	State O H	Zip Code 43004	M 0 8	D 1 0	Y 1 7	Amount 50.00	
Full Name of Contributor Liana Wicker					Registration Number, if PAC		
Street Address 8434 Reynoldsburg Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State O H	Zip Code 43068	M 0 8	D 1 0	Y 1 7	Amount 25.00	
Full Name of Contributor Carlonda L Lindsay					Registration Number, if PAC		
Street Address 875 Westline Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Deltona	State F L	Zip Code 32725	M 0 8	D 1 0	Y 1 7	Amount 20.00	
Full Name of Contributor Malaysia T Pollard					Registration Number, if PAC		
Street Address 7731 Worley Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State O H	Zip Code 43004	M 0 8	D 1 0	Y 1 7	Amount 20.00	
Full Name of Contributor Demetra A Taylor					Registration Number, if PAC		
Street Address 306 Harland Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43207	M 0 8	D 1 0	Y 1 7	Amount 35.00	
Full Name of Contributor Latasha Goodwin					Registration Number, if PAC		
Street Address 8175 Rodebaugh Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 8	D 1 0	Y 1 7	Amount 50.00	
Full Name of Contributor Amy K Sanders					Registration Number, if PAC		
Street Address 4215 McNamara Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lewis Center	State O H	Zip Code 43035	M 0 8	D 1 0	Y 1 7	Amount 60.00	
Full Name of Contributor Latasha Goodwin					Registration Number, if PAC		
Street Address 8175 Rodebaugh Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 9	D 2 9	Y 1 7	Amount 55.00	

* 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)]