

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
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	
Friends of Dr. Jim Corvick							
Friends of Heard							
2603 Burnaby Dr.					Check		
Columbus	OH	43209	10	14	08	250.00	
Michael Lewis							
101 S. Virginia Lee Rd.						Check	
Columbus	OH	43209	10	14	08	100.00	
Jens Williams							
6367 Portsmouth Dr.						Check	
Rey	OH	43065	10	18	08	25.00	
Saami Fatoba							
2031 Tupasfield Rd						Check	
Columbus	OH	43229	10	18	08	50.00	
Tunde OluFade							
6145 George Fox Dr.						Cash	
Calloway	OH	43119	10	18	08	25.00	
Anthony Udeagbala							
2046 Havenwood Pl						Check	
Blacklick	OH	43004	10	18	08	150.00	
Oye Olatoye							
8372 Somerset Way						Check	
Dublin	OH	43017	10	18	08	2500.00	
Parsella Robey							
372 Cumberland Dr.						Check	
Whitehall	OH	43213	10	18	08	50.00	

\* 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)]