

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Bob Bailey							
Full Name of Contributor Tom Alas				Registration Number, if PAC			
Street Address 6923 New Albany Links Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check #1085		
City Marysville	State O H	Zip Code 43040	M 0	D 9	Y 3	Amount 30.00	
Full Name of Contributor Tim Harrison				Registration Number, if PAC			
Street Address 957 Rose Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check #6659		
City Whitehall	State O H	Zip Code 43213	M 0	D 9	Y 3	Amount 30.00	
Full Name of Contributor Michael Huffman				Registration Number, if PAC			
Street Address 8750 Hill Road South		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Pickerington	State O H	Zip Code 43147	M 0	D 9	Y 3	Amount 60.00	
Full Name of Contributor Van Gregg				Registration Number, if PAC			
Street Address 5182 Doral Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Whitehall	State O H	Zip Code 43213	M 0	D 9	Y 3	Amount 60.00	
Full Name of Contributor Cheryl Jo Thompson				Registration Number, if PAC			
Street Address 422 Maplewood Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check #1013		
City Whitehall	State O H	Zip Code 43213	M 0	D 9	Y 3	Amount 50.00	
Full Name of Contributor Alex Maggard				Registration Number, if PAC			
Street Address 600 Link Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check #6209		
City Whitehall	State O H	Zip Code 43213	M 0	D 9	Y 3	Amount 50.00	
Full Name of Contributor Dana & Debra Russell				Registration Number, if PAC			
Street Address 4202 Mayflower Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check #4994		
City Whitehall	State O H	Zip Code 43213	M 0	D 9	Y 3	Amount 50.00	
Full Name of Contributor Roger & Jennifer Daugherty				Registration Number, if PAC			
Street Address 2465 Red Rock Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check #9693		
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 3	Amount 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 appear. {R.C. 3517.10(B)(4)}

Page Total \$ 380.00