31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full											
FOR HILLIARD IDS											
Full Name of Contributor										Registration Number, if PAC	
Louis J. Mendoni JR											
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)
4037 Dublin Rd		Retired									Check
City	State	Zip Code	M		D		Y				Amount
Columbus	OH	43221	0	6	0	1	1	1			100.00
Full Name of Contributor										Registration Number, if PAC	
JUSTIN Gardner											
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)
5572 Westontrail		none									CASH
City	State	Zip Code	M		D		Y				Amount
Hilliard	OH	43026									120.00
Full Name of Contributor										Registration Number, if PAC	
~~Don & Joy Chapin~~											
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)
~~8558 Morris Rd~~		~~Retired~~									
City	State	Zip Code	M		D		Y				Amount
~~Columbus~~	~~OH~~										
Full Name of Contributor										Registration Number, if PAC	
Don & Joy Chapin											
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)
545 Metro Place S suite 100											CASH
City	State	Zip Code	M		D		Y				Amount
Dublin OH	OH	43017									100.00
Full Name of Contributor										Registration Number, if PAC	
Susan & Doug Bake											
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)
8528 Carbrke Place		N/A									Check
City	State	Zip Code	M		D		Y				Amount
Galloway	OH	43119									200.00
Full Name of Contributor										Registration Number, if PAC	
Mark Zelnik											
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)
											check
City	State	Zip Code	M	0	D	4	Y	1	1		Amount
						1		8			50.00
Full Name of Contributor										Registration Number, if PAC	
Karen Sharab											
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)
											check
City	State	Zip Code	M	0	D	4	Y	1	1		Amount
						1		8			10.00
Full Name of Contributor										Registration Number, if PAC	
Matthew Misicka											
Street Address		Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)
36608 Darby Knolls Blvd.											check
City	State	Zip Code	M	0	D	5	Y	2	0	1	1	Amount
Hilliard	OH	43026									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)]

Page Total $ 630