31-A
R.C. 3517.10

Page 7

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
DREES FOR UA SCHOOLS							
Full Name of Contributor						**Registration Number, if PAC**	
DAVID DECAPUA							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2101 YORKSHIRE RD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43221	10	08	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
SUE ANN OWEN							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1800 BEDFORD RD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43212	10	08	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
GEOFF BLOSSOM							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1861 CAMBRIDGE BLVD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43212	10	08	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
CAROLINE RUTHERFORD							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4499 SUMMIT RIDGE RD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	10	14	15		35.00
Full Name of Contributor						**Registration Number, if PAC**	
LINDA MOULAKIS							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4120 MUMFORD CT							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	10	14	15		20.00
Full Name of Contributor						**Registration Number, if PAC**	
DANIELLE WHITCOMB							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4618 BURBANK DR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	10	14	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
DIANE HOBSON							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4520 TEDFORD RD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	10	14	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
JOHN NESS							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2730 CRAFTON PARK							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43221	10	14	15		250.00

* 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 $ 630.00