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					
Full Name of Contributor				**Registration Number, if PAC**	
Elizabeth K. Uhlenhake					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
171 E. Mithoff St.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43206	09 16 15		1500
Full Name of Contributor				**Registration Number, if PAC**	
Judy Helm					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
6810 Shaulis Dr.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Reynoldsburg	OH	43206	09 16 15		15.00
Full Name of Contributor				**Registration Number, if PAC**	
Jessica L. Grof					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
947 Perry Ave					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Barberton	OH	44203	09 28 15		15.00
Full Name of Contributor				**Registration Number, if PAC**	
Britney Spears					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
273 Amfield Ct.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Gahanna	OH	43230	09 22 15		1500
Full Name of Contributor				**Registration Number, if PAC**	
Renee Coley					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
73 Brandm Dr.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Pataskala	OH	43062	09 16 15		15.00
Full Name of Contributor				**Registration Number, if PAC**	
Kathy Evans					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
2436 Cambria Mill					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Granville	OH	43023	09 27 15		25.00
Full Name of Contributor				**Registration Number, if PAC**	
Paula Clemmons					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
1008 Woodman Dr.					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Worthington	OH	43085	09 04 15		15.00
Full Name of Contributor				**Registration Number, if PAC**	
Kristi Reed					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
4668 Hunting Creek					check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	09 22 15		15.00

* 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 $ 130.00