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 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Friends of Dr. Jim Cornish | | | | | | | | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Phillip Jenisbaro | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 7116 Tumblebrook Dr. | | | | | | | PA/PAI | |
| City | State | Zip Code | M | D | Y | | Amount | |
| New Albany | OH | 43054 | 08 | 21 | 08 | | 100.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Obinna Ugwu | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 7555 Foxchase Dr. | | | | | | | PA/PAI | |
| City | State | Zip Code | M | D | Y | | Amount | |
| West Chester | OH | 45069 | 08 | 21 | 08 | | 200.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Contributions from Form No. 31E | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| | | | | | | | | |
| City | State | Zip Code | M | D | Y | | Amount | |
| | OH | | 08 | 22 | 08 | | 150.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Brent Tedrow | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 6269 Lithopolis Rd. | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Groveport | OH | 43125-0187 | 09 | 01 | 08 | | 75.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Bryan Johnson | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 6241 Memorial Dr. | | | | | | | PA/PAI Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Dublin | OH | 43017 | 09 | 24 | 08 | | 25.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Craig A. Martin | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 1874 Lake Shore Dr. | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43204 | 09 | 24 | 08 | | 500.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Mardy Anderson | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 3409 River Terrace St. | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| Columbus | OH | 43221 | 09 | 24 | 08 | | 25.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| Martin L. Kelsher MD | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| 8069 Swisher Creek Crossing | | | | | | | Check | |
| City | State | Zip Code | M | D | Y | | Amount | |
| New Albany | OH | 43054 | 09 | 24 | 08 | | 100.00 | |

* 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 $ 1175.00