31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full

Full Name of Contributor	Registration Number, if PAC						
Ginny Nicholson							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
587 Kenbrook Dr.							Cash
City	State	Zip Code	M	D	Y		Amount
Worthington	OH	43085	10	07	15		20-
Full Name of Contributor	Registration Number, if PAC						
Joe Armpriester							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
6672 Bailey Circle							Cash
City	State	Zip Code	M	D	Y		Amount
Galena	OH	43021	10	07	15		50-
Full Name of Contributor	Registration Number, if PAC						
Susan Woodmansee							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
7256 Hopewell Ct.							Cash
City	State	Zip Code	M	D	Y		Amount
Dublin	OH	43017	10	08	15		40-
Full Name of Contributor	Registration Number, if PAC						
Melissa Stultz							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
115 Forbidden Lakes Ct.							ck
City	State	Zip Code	M	D	Y		Amount
Johnstown	OH	43031	10	08	15		20-
Name of Contributor	Registration Number, if PAC						
Pat Samanich							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
8407 Tournus Way							cash
City	State	Zip Code	M	D	Y		Amount
New Albany	OH	43054	10	08	15		40-
Full Name of Contributor	Registration Number, if PAC						
Susan Boyer							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
5918 Highlands Dr.							ck
City	State	Zip Code	M	D	Y		Amount
Westerville	OH	43081	10	08	15		40-
Full Name of Contributor	Registration Number, if PAC						
Caroline Brokloff							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
10930 Johnstown Rd							cash
City	State	Zip Code	M	D	Y		Amount
New Albany	OH	43054	10	08	15		5-
Full Name of Contributor	Registration Number, if PAC						
Debbie Barron							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2827 Marblewood Dr.							cash
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43219	10	08	15		20-

* 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)]

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