31-A
R.C. 3517.10

Page 3

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Nancy Drees								
Full Name of Contributor							Registration Number, if PAC	
Christina C. Klein								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4223 Clairmont Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43220	0 8	2 4	1 1		250.00	
Full Name of Contributor							Registration Number, if PAC	
Lori R. Iacovetta								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2660 Andover Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43221	0 8	2 4	1 1		50.00	
Full Name of Contributor							Registration Number, if PAC	
Cynthia L. Mushrush								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4137 Clairmont Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43220	0 8	2 4	1 1		100.00	
Full Name of Contributor							Registration Number, if PAC	
Jennifer A. Schoning								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3765 Waldo Pl.							Check	
City	State	Zip Code	M	D	Y		Amount	
Upper Arlington	O | H	43220	0 8	2 6	1 1		50.00	
Full Name of Contributor							Registration Number, if PAC	
Stephen F. Probst								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4660 Barrymede Ct.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43220	0 8	2 6	1 1		50.00	
Full Name of Contributor							Registration Number, if PAC	
Kathleen L. Popp								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4565 Lanercost Way							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43220	0 8	2 6	1 1		25.00	
Full Name of Contributor							Registration Number, if PAC	
Barbara Galantowicz								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2610 Slate Run Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43220	0 8	2 6	1 1		175.00	
Full Name of Contributor							Registration Number, if PAC	
Jennifer B. Morrison								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2333 McCoy Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43220	0 8	2 6	1 1		25.00	

* 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 $ 725.00