31-A
R.C. 3517.10

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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**	
LIZ RILEY							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4732 STONEHAVEN DR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	09	25	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
LORI SCHUMACHER							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2649 CLARION CT							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	09	25	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
TOBY LIVINGSTON							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1704 SUNDRIDGE DR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43221	09	25	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
DEBORAH SMITH TAKAMURA							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1195 KINGSDALE TERRACE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	09	25	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
ROBIN HALL							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4141 RANDMORE CT							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	09	25	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
CAROLYN CHAPMAN							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2547 BERWYN RD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43221	09	25	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
JANET KNAB							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1120 REGENCY DR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	09	25	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
BETH KIEFABER							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4085 FAIRFAX DR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	09	25	15		40.00

* 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 $ 415.00