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							
Committee to Elect HATES							
Full Name of Contributor						**Registration Number, if PAC**	
Richanne Zymkoski							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2188 Poplar St							Check.
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43207	10	25	11		75.00
Full Name of Contributor						**Registration Number, if PAC**	
James & Deborah WADDELL							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1330 Wyandotte Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus,	OH	43212.	10	13	11		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Amy Flowers							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5311/2 1st Ave							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43201	10	27	11		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Chris Jung							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2384 Sherwood Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Bexley	OH	43209	11	01	11		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Brian Miller							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
326 S. High St							check.
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43215	10	28	11		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Mahlon Howard							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
820 Morning St							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Worthington	OH	43085	10	27	11		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Charles Jones							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4417 Zachary Ct							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Dublin	OH	43017	10	27	11		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Jonathon Moore							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
920 E. Lincoln Ave.							check.
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43229	10	27	11		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 $ ~~0.00~~ 475.00