31-A
R.C. 3517.10

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		<del></del>			_			
DREES FOR UA SCHOOLS								
Full Name of Contributor			Registration Number, if PAC					
MARK MURPHY			registra	inter ( vali	ibei, ii i r			
Street Address	Employer/Occupa	ation/Labor Organization*			-	Form (Cash, Che	ck: etc.)	
1610 ARDWICK RD	Emproyer/Occupantivo Education Organization				CHECK			
City	State	Zip Code	M	ΓD	Y	Amount		
UPPER ARLINGTON	OHH	43220	018	119			180.00	
Full Name of Contributor	<u> </u>	10220			ber. if PA	AC .	100.00	
CITIZENS FOR YASSENOFF			1					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)			
1990 HAMPSHIRE RD					CHECK			
City	State	Zip Code	M	D	Y	Amount		
UPPER ARLINGTON	OHH	43221	019	1 4	115		150.00	
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .		
CAROL MOHR								
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Che	ck, etc.)	
2567 WESTMONT BLVD						CHECK		
City	State	Zip Code	M	D	Y	Amount		
UPPER ARLINGTON	$O \mid H$	43221		2 2		<u> </u>	100.00	
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .		
MARJORY PIZZUTI								
Street Address	Employer/Occupa	ttion/Labor Organization*				Form (Cash, Check, etc.)		
2158 N PARKWAY DR		<del></del>				CHECK		
City A DA IN IOSTONA	State	Zip Code	M	D	Y	Amount		
UPPER ARLINGTON	$O \mid H$	43221	019		<del></del>		100.00	
Full Name of Contributor Registration Number, if PAC								
LOIS CAIN Street Address	LOIS CAIN							
	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
4040 LONGHILL RD	State	Zip Code	M	Τp	ΙΫ́	CHECK Amount		
UPPER ARLINGTON	OH	43220	1	2 2	1	Amoun	E0.00	
Full Name of Contributor	10111	43220				<u> </u>	50.00	
Full Name of Contributor  Registration Number, if PAC  KATHLEEN POPP AMORE								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	ck. etc.)	
4565 LANERCOST WAY	1					CHECK		
City	State	Zip Code	М	D	Y	Amount		
UPPER ARLINGTON	$O \mid H$	43220	019	2 2	115		30.00	
Full Name of Contributor	<u> </u>	<u> </u>			ber, if PA	AC .	00,00	
CECILIA MILLS								
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Che	ck. etc.)	
1500 BRIDGETON DRIVE						CHECK		
City	State	Zip Code	M	D	Y	Amount		
UPPER ARLINGTON	$I O \mid H$	43220	0 9	2 2	1   5		50.00	
Full Name of Contributor Registration Number, if PAC								
GLORIA HEYDLAUFF								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2390 SHERINGHAM RD					CHECK			
City LIBBER AND INCOME.	State	Zip Code	M	D	Y	Amount	400.55	
UPPER ARLINGTON	O   H	43220	0 9	2 2	1 5	<u> </u>	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	760.00			