31-A
R.C. 3517.12

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Statement of Contributions Received

Prescribed by Secretary of State 3/07

Name of Committee in Full													
Friends of Sharon Whitten													
Full Name of Contributor										Registration Number, if PAC			
IBEW PAC Voluntary Fund													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
900 Seventh Street NW												Check	
City	State	Zip Code	M		D		Y					Amount	
Washington	O H	20001	0	7	3	0	1	5				500.00	
Full Name of Contributor										Registration Number, if PAC			
Richanne M. Zymkoski													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
2128 Poplar Street												Check	
City	State	Zip Code	M		D		Y					Amount	
Columbus	O H	43207	0	8	0	1	1	5				75.00	
Full Name of Contributor										Registration Number, if PAC			
Rebecca Slisher													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
481 Main Street												Check	
City	State	Zip Code	M		D		Y					Amount	
Groveport	O H	43125	0	8	1	6	1	5				50.00	
Full Name of Contributor										Registration Number, if PAC			
Patricia Pennell													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
178 Main Street												Check	
City	State	Zip Code	M		D		Y					Amount	
Groveport	O H	43125	0	8	0	6	1	5				50.00	
Full Name of Contributor										Registration Number, if PAC			
Carla Cramer													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
612 Blacklick Street												Check	
City	State	Zip Code	M		D		Y					Amount	
Groveport	O H	43125	0	8	0	7	1	5				50.00	
Full Name of Contributor										Registration Number, if PAC			
Cheryl Landon													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
2854 Fleet Road												Cash	
City	State	Zip Code	M		D		Y					Amount	
Columbus	O H	43232	0	8	1	1	1	5				50.00	
Full Name of Contributor										Registration Number, if PAC			
Helen Suzanne Price													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
708 Elm Street												Check	
City	State	Zip Code	M		D		Y					Amount	
Groveport	O H	43125	0	8	1	0	1	5				25.00	
Full Name of Contributor										Registration Number, if PAC			
Roger Corrigan													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
5304 Solomon Avenue												Cash	
City	State	Zip Code	M		D		Y					Amount	
Groveport	O H	43125	0	8	1	3	1	5				20.00	

* 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 $ 820.00