31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full											
Zollars Council											
Full Name of Contributor							Registration Number, if PAC				
Delora Zollars											
Street Address		Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
67699 Pine Lane										check	
City	State	Zip Code	M	D	Y	Amount					
St. Clairsville	Oh	43950	03	10	15	100.00					
Full Name of Contributor							Registration Number, if PAC				
Pat Zollars											
Street Address		Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
6928 Retton Rd										transfer	
City	State	Zip Code	M	D	Y	Amount					
Reynoldsburg	Oh	43068	03	10	15	200.00					
Full Name of Contributor							Registration Number, if PAC				
Chris Long											
Street Address		Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
1675 Hoff Dr										check	
City	State	Zip Code	M	D	Y	Amount					
Reynoldsburg	Oh	43068	04	04	15	100.00					
Full Name of Contributor							Registration Number, if PAC				
Delora Zollars											
Street Address		Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
67699 Pine Lane										cash	
City	State	Zip Code	M	D	Y	Amount					
St. Clairsville	Oh	43950	04	07	15	100.00					
Full Name of Contributor							Registration Number, if PAC				
Delora Zollars											
Street Address		Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
67699 Pine Lane											
City	State	Zip Code	M	D	Y	Amount					
St. Clairsville	Oh	43950	04	07	15	100.00					
Full Name of Contributor							Registration Number, if PAC				
Pat Zollars											
Street Address		Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
6928 Retton Rd										transfer	
City	State	Zip Code	M	D	Y	Amount					
Reynoldsburg	Oh	43068	04	15	15	300.00					
Full Name of Contributor							Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount					
Full Name of Contributor							Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount					

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total $ 900.00