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**	
Daniel Overmeyer						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
6698 Cherry Bend						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Canal Winchester	O H	43110	08	10	15	25.00
Full Name of Contributor					**Registration Number, if PAC**	
Maryellen Wilson						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
5107 Bixford Avenue						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Canal Winchester	O H	43110	08	15	15	75.00
Full Name of Contributor					**Registration Number, if PAC**	
Donna Saxe						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
972 Spring Grove Lane						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	O H	43235	08	15	15	25.00
Full Name of Contributor					**Registration Number, if PAC**	
Karen Thompson						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
7565 Atwell Court						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Canal Winchester	O H	43215	08	25	15	50.00
Full Name of Contributor					**Registration Number, if PAC**	
Joshua Petty						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
351 South Harvey Avenue, Apt. 3						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Oak Park	I L	50302	09	02	15	100.00
Full Name of Contributor					**Registration Number, if PAC**	
Citizens for Bishoff						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
545 East Town Street						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	O H	43215	09	11	15	1,000.00
Full Name of Contributor					**Registration Number, if PAC**	
Joyce Thompson						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
7011 State Route 752						Cash
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Ashville	O H	43103	07	06	15	75.00
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**

* 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 $ 1,350.00