31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Carmen Malone							
Full Name of Contributor						Registration Number, if PAC	
Andre Washington							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
163 Village Gate Blvd.							Cash
City	State	Zip Code	M	D	Y		Amount
Delaware	O | H	43015	0 9	0 7	1 5		25.00
Full Name of Contributor						Registration Number, if PAC	
Larry Malone							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
395 Adrienne Dr.							cash
City	State	Zip Code	M	D	Y		Amount
Marion	O | H	43302	0 9	0 7	1 5		30.00
Full Name of Contributor						Registration Number, if PAC	
Vickie Kanniard							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
237 Madison Avenue							check
City	State	Zip Code	M	D	Y		Amount
Marion	O | H	43302	0 9	1 7	1 5		25.00
Full Name of Contributor						Registration Number, if PAC	
Timothy & Sharisse Wolf							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
8672 Patterson Rd							check
City	State	Zip Code	M	D	Y		Amount
Hilliard	O | H	43026	0 9	2 7	1 5		25.00
Full Name of Contributor						Registration Number, if PAC	
Matt & Charity Chittum							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3185 Golden Oak Dr.							check
City	State	Zip Code	M	D	Y		Amount
Hilliard	O | H	43026	0 9	2 7	1 5		50.00
Full Name of Contributor						Registration Number, if PAC	
Rob & Gina Fill							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
5683 Hillcoat Dr.							check
City	State	Zip Code	M	D	Y		Amount
Hilliard	O | H	43026	0 9	2 7	1 5		50.00
Full Name of Contributor						Registration Number, if PAC	
Shawn & Amy Kerger							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
5934 Hampton Corners South							check
City	State	Zip Code	M	D	Y		Amount
Hilliard	O | H	43026	0 9	2 7	1 5		150.00
Full Name of Contributor						Registration Number, if PAC	
Tracy Richter							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
6302 Heritage Lakes Dr.							cash
City	State	Zip Code	M	D	Y		Amount
Hilliard	O | H	43026	0 9	2 7	1 5		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 $ 455.00