31-A
R.C. 3517.10

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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**	
Denise Castle							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3194 Cassey St.							Cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	O | H	43026	09	07	15		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Larry Malone, Jr							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5949 Hampton Corners North							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	O | H	43026	08	25	15		250.00
Full Name of Contributor						**Registration Number, if PAC**	
Lois Carson							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1843 Lehner Rd							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H		09	07	15		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Cynthia Thompson							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4673 Heather Ridge Dr.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	O | H	43026	09	07	15		30.00
Full Name of Contributor						**Registration Number, if PAC**	
Darrell & Nancy Dettv							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
209 Davis Avenue							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Oak Hill	O | H	45656	09	07	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Sandra Malone							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1409 Royal Gold Dr.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43240	09	06	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Joe & Laurie Enciso							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5982 Hampton Corners N							cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	O | H	43026	09	07	15		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Brian Castle							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3194 Cassey St.							cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	O | H	43026	09	07	15		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 $ 485.00