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

Full Name of Contributor	Registration Number, if PAC							
Debbie Barren								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2829 Marblewood Dr.	Teacher						Cash	
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43219				10.00		
Full Name of Contributor	Registration Number, if PAC							
Sarah Hacker								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5325 Snider Cap	Teacher							
City	State	Zip Code	M	D	Y	Amount		
New Albany	OH	43054				3.00		
Full Name of Contributor	Registration Number, if PAC							
Sara Peterson								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4059 Blue Hen Pl.	Teacher						Cash	
City	State	Zip Code	M	D	Y	Amount		
Westerville	OH	43081				5.00		
Full Name of Contributor	Registration Number, if PAC							
Michele Oldenquist								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6910 Kindler Dr.	Teacher						Cash	
City	State	Zip Code	M	D	Y	Amount		
New Albany OH 43054	OH	43054				5.00		
Full Name of Contributor	Registration Number, if PAC							
Andrew Moore								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
5174 Lobdell Rd	Teacher						Cash	
City	State	Zip Code	M	D	Y	Amount		
Alexandria	OH	43001				10.00		
Full Name of Contributor	Registration Number, if PAC							
Chris Smith								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1244 Old Henderson Square	Teacher						Cash	
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43220				5.00		
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							
Mandy McNamara								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4339 Patrick Rd.	Teacher						Cash	
City	State	Zip Code	M	D	Y	Amount		
Sunbury	OH					10.00		

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

Page Total $ 53.00