31-A
R.C. 3517.11

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Statement of Contributions Received

Prescribed by Secretary of State 3406

Name of Committee in Full					
Friends of Sharon Whitten					
Full Name of Contributor				**Registration Number, if PAC**	
Ginger Beck					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
5545 Harriet Street					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Groveport	OH	43125	07 01 15		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Priscilla Roberge					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
372 Cumberland Drive					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Whitehall	OH	43213	07 03 15		100.00
Full Name of Contributor				**Registration Number, if PAC**	
Dennis Landon					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
2854 Fleet Road					Cash
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43232	07 06 15		75.00
Full Name of Contributor				**Registration Number, if PAC**	
Deanna Clinger					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
5133 Phillips Run					Cash
City	**State**	**Zip Code**	**M D Y**		**Amount**
Canal Winchester	OH	43110	07 04 15		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Jennifer M. Dillard					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
898 Chelsea Avenue					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43209	07 06 15		25.00
Full Name of Contributor				**Registration Number, if PAC**	
Debasish Bhattacharyya					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
1480 Crystal Lake Circle					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Green Bay	WI	54311	07 07 15		200.00
Full Name of Contributor				**Registration Number, if PAC**	
Derrick Clay					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
33 North 3rd Street #400					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43215	07 15 15		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Deborah Cloverdale-Miller					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
5102 Zimmer Drive					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43232	07 24 15		25.00

* 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 $ 575.00