31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
Friends of O'Connor

Full Name of Contributor						Registration Number, if PAC
Michael Shoenfelt						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
959 Summit St	Vorys, Sater, Seymour and Pease LLP Attorney					
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43201-3543	09	29	15	$250.00
Full Name of Contributor						Registration Number, if PAC
John Singleton						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
85 Franklin Park W						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43205-1520	09	29	15	$100.00
Full Name of Contributor						Registration Number, if PAC
Scott Stevenson						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
	Nortwest Title CEO					Check
City	State	Zip Code	M	D	Y	Amount
			01	07	16	$500.00
Full Name of Contributor						Registration Number, if PAC
Francis Sylvester						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
2480 16th St NW Apt 618						Credit Card
City	State	Zip Code	M	D	Y	Amount
Washington	DC	20009-6705	01	28	16	$50.00
Full Name of Contributor						Registration Number, if PAC
Connie Tostevin						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1100 E Choctaw Dr	OPRS VP					Check
City	State	Zip Code	M	D	Y	Amount
London	OH	43140-8725	09	29	15	$250.00
Full Name of Contributor						Registration Number, if PAC
Bridgette Tupes						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1312 King Ave Apt 18						Credit Card
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43212-2228	01	29	16	$25.00
Full Name of Contributor						Registration Number, if PAC
Heather Undorfer						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3400 SW 27th Ave Apt 1703						Credit Card
City	State	Zip Code	M	D	Y	Amount
Miami	FL	33133-5320	01	28	16	$50.00
Full Name of Contributor						Registration Number, if PAC
Karen Ward						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3783 W US Highway 36	Champaign County BOE Member					Check
City	State	Zip Code	M	D	Y	Amount
Urbana	OH	43078-8601	01	28	16	$250.00

* 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 $1,475.00