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**	
Kevin & Lisa Wiley							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2436 Stewart Hollow Ct.							Cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	OH	43026	09	27	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Nancy Ysseldyke							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3092 Landen Farm Rd W							cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	OH	43026	09	27	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Jo & Amanda Lewis							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5949 Hampton Corners North							cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	OH	43026	09	23	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Stan & Kelly Willis							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5945 Hampton Corners North							Cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	OH	43026	09	27	15		23.00
Full Name of Contributor						**Registration Number, if PAC**	
Ohio Association of Public School Employees - Local #310							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6805 Oak Creek Dr							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43229	10	01	15		1,000.00
Full Name of Contributor						**Registration Number, if PAC**	
Dr. Steve & Kim Aurand							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2934 Groff Pl.							cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Hilliard	OH	43026	10	02	15		50.00
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**	
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**

* 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 $ 1,148.00