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 Nancy Drees								
Full Name of Contributor							Registration Number, if PAC	
Molly J. Dunn								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3784 Criswell Dr.							Check	
City	State	Zip Code	M	D	Y		Amount	
Upper Arlington	O | H	43220	0 | 9	0 | 1	1 | 1		100.00	
Full Name of Contributor							Registration Number, if PAC	
Elizabeth L. Varanese								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1340 Castleton Rd. N.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43220	0 | 9	0 | 1	1 | 1		10.00	
Full Name of Contributor							Registration Number, if PAC	
Gary Harkey								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2009 Andover Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43212	0 | 9	0 | 2	1 | 1		25.00	
Full Name of Contributor							Registration Number, if PAC	
Chris Edwards								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2375 Tremont Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43221	0 | 9	0 | 2	1 | 1		25.00	
Full Name of Contributor							Registration Number, if PAC	
Kelly Stoeckinger								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2166 N. Parkway Dr.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43221	0 | 9	0 | 2	1 | 1		25.00	
Full Name of Contributor							Registration Number, if PAC	
Deborah P. Walter								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3040 Lane Woods Ct.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43221	0 | 9	0 | 2	1 | 1		25.00	
Full Name of Contributor							Registration Number, if PAC	
Celeste Schultz								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3826 Criswell Dr.							Paypal	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43220	0 | 9	1 | 2	1 | 1		250.00	
Full Name of Contributor							Registration Number, if PAC	
Paula J. Combs								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2265 Sedgwick Dr.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43220	0 | 9	1 | 4	1 | 1		50.00	

* 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 $ 510.00