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							
DREES FOR UA SCHOOLS							
Full Name of Contributor						**Registration Number, if PAC**	
SUZANNE WIDING							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1251 KENBROOK HILLS DR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	10	02	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
FLO ANN EASTON							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4975 OLDBRIDGE DR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	10	02	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
SHELLY DE ROBERTS							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2737 EDINGTON RD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43221	10	02	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
DEBBY HOUSER							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2221 BRIXTON RD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43221	10	02	15		20.00
Full Name of Contributor						**Registration Number, if PAC**	
RUTH MILLER							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1936 ANDOVER RD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43212	10	02	15		25.00
Full Name of Contributor						**Registration Number, if PAC**	
STEPHEN PROBST							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4660 BARRYMEDE CT							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	10	02	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
LANI DAVAKIS							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2635 CLARION CT							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43220	10	02	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
DAVID KARAM							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2380 ONANDAGA DR							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
UPPER ARLINGTON	OH	43221	10	02	15		100.00

* 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 $ 545.00