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	
Toby K. Livingston							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1704 Sundridge Dr.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43221	0 8	2 4	1 1	150.00	
Full Name of Contributor						Registration Number, if PAC	
R.E. Schumacher							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2649 Clarion Ct.						Check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	O | H	43220	0 8	2 4	1 1	250.00	
Full Name of Contributor						Registration Number, if PAC	
Cheryl L. Turnbull							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2384 West Lane Ave.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43221	0 8	2 4	1 1	25.00	
Full Name of Contributor						Registration Number, if PAC	
Susanna R. Grant							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1110 Regency Dr.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43220	0 8	2 4	1 1	25.00	
Full Name of Contributor						Registration Number, if PAC	
Dr. George P. Wick, D.D.S.							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4420 Kipling Ln.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43220	0 8	2 4	1 1	250.00	
Full Name of Contributor						Registration Number, if PAC	
Mary Jo Shaffer							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2684 Haverford Rd.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43220	0 8	2 4	1 1	50.00	
Full Name of Contributor						Registration Number, if PAC	
Beth B. Hamilton							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1181 Millcreek Ln.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43220	0 8	2 4	1 1	75.00	
Full Name of Contributor						Registration Number, if PAC	
James R. DeRoberts							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4614 Lanercost Way						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43220	0 8	2 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 $ 875.00