

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full DREES FOR UA SCHOOLS							
Full Name of Contributor DEBORAH JOHNSON					Registration Number, if PAC		
Street Address 1101 KINGSDALE TERRACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0 9	D 2 2	Y 1 5	Amount 50.00	
Full Name of Contributor NANCY LANG					Registration Number, if PAC		
Street Address 3942 CRISWELL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0 9	D 2 2	Y 1 5	Amount 100.00	
Full Name of Contributor TRACY PETERS					Registration Number, if PAC		
Street Address 2039 COLLINGSWOOD RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 0 9	D 2 2	Y 1 5	Amount 100.00	
Full Name of Contributor LISA BERENS					Registration Number, if PAC		
Street Address 2615 JOHNSTON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PAYPAL		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0 9	D 2 3	Y 1 5	Amount 100.00	
Full Name of Contributor CATHY WHEATON					Registration Number, if PAC		
Street Address 4544 BENDERTON CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0 9	D 2 5	Y 1 5	Amount 20.00	
Full Name of Contributor JAY POWELL					Registration Number, if PAC		
Street Address 4568 ARLINGATE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0 9	D 2 5	Y 1 5	Amount 50.00	
Full Name of Contributor COLLEEN DUFFEY					Registration Number, if PAC		
Street Address 2431 ONANDAGA DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 0 9	D 2 5	Y 1 5	Amount 35.00	
Full Name of Contributor DEBORAH WALTERS					Registration Number, if PAC		
Street Address 3040 LANE WOODS CT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0 9	D 2 5	Y 1 5	Amount 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 \$ 505.00