Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Educate UA			lo :		1051		
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Fara Gyuresik							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
2826 Doncaster Road						Cash	
City	State	Zip Code	M	D	Y	Amount	
Columbus	ОН	43221	0 9	2 7	1 2		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Anita Laurin Bronczyk			L				
Street Address	Employer Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3088 Brandon Road				Cash			
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43221	1 0	0 4	1 2	•	100.00
Full Name of Contributor	•			tion Num	ber, if PA	С	
Franklin E. Wirsing			1				
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
1986 Keswick Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43220		014	1 2		50.00
Full Name of Contributor		43220		tion Num		C	50.00
Robert Prior			, toguau				
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Che	ck etc.)
	іліріоўсігосси	pation Cabor Organization				Check	ck, ctc.)
1525 Bridgeton Drive	£1.1.	T2:- C-J-	I M	D	Y	Amount	
City	State	Zip Code		i i		Anomi	25.00
Columbus	O H	43220		0 5	1 2		35.00
Full Name of Contributor			Registra	tion Num	ber, ii PA	.C	
Mary Cummins							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3151 Redding Road						Check	
City	State	Zip Code	M.	D	Y	Amount	
Columbus	O H	43221	1 0	0 5	1 2		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Milton Rowe							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3170 Glenrich Parkway						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43221	1 0	0 5	1 2		25.00
Full Name of Contributor				tion Num			
Victor Ketcham							
Street Address	Employer/Occu	pation/Labor Organization*	!			Form (Cash, Che	ck, etc.)
210 Ceramic Drive					Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	о н	43214	10	1 2	1 2	1	100.00
Full Name of Contributor				tion Num		.C	
Suzanne Lindamood							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)	
2161 Arlington Avenue				Check			
City	State	Zip Code	l M	D	Y	Amount	
Columbus	O H	-		1 2	1 2		100.00
Columbus	<u> </u>	10441	1110	; 1 Z	11/4		100.00

Page Total \$	510.00
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^{*} 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)]