

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Educate UA									
Full Name of Contributor Jane Gerlach						Registration Number, if PAC			
Street Address 3102 Derby Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43221		M 1	D 0	Y 1	Amount 200.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
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City		State		Zip Code		M	D	Y	Amount
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City		State		Zip Code		M	D	Y	Amount