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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

						<u> </u>		
Name of Committee in Full								
Educate UA								
Ill Name of Contributor			Registra	Registration Number, if PAC				
Jane Gerlach	ا ا ا		L		-	Francisco de la companya del companya de la companya del companya de la companya		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3102 Derby Road		[-: a ·				Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	O H	43221		1 1		200.00		
Full Name of Contributor			Registra	tion Nun	nber, if P	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Υ	Amount		
Full Name of Contributor			Registra	tion Nur	nber, if F	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor	•		Registra	ition Nun	nber, if F	PAC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor	<b>.</b> ·	1	Registra	ition Nur	nber, if F	PAC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	Đ	Y	Amount		
Full Name of Contributor			Registra	ition Nur	nber, if F	PAC		
Street Address	Employer/Occu	on*			Form (Cash, Check, etc.)			
0:	State	Zip Code	М	D	Y	Amount .		
City	State	Zip Code	"			- Amount		
Full Name of Contributor			Registra	Registration Number, if PAC				
	Employer/Occu	nation / abor Organizati	on*			Form (Cash, Check, etc.)		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				i Gill (Casil, Gleck, C.C.)		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor		<u> </u>	Registra	ation Nu	mber, if I	PAC		
	· <b>-</b>					Form (Cock Charles and		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
i ·		1	I :	1 :	1 :	1		