Page <u>1</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

by co we rul		· · · · · · · · · · · · · · · · · · ·						
Name of Committee in Full								
Cindy Crowe for School Board Full Name of Contributor				lin .				
				Kegistra	ation Num	iber, if PA	iC .	
Deborah H. Nofziger Street Address	Ir1(0	0.1.					r (0 0	
	Employer/Oct	cupation/Labor (Jrganization*				Form (Cash, Chee	ck, etc.)
8041 Saybrook Dr.		1=, = .		1		T	Check	
City VA/octomeillo	State	Zip Code 1 4308	_	M	D	Y	Amount	=0.00
Westerville Full Name of Contributor	0 1	1 4308.	<u> </u>			0 7	<u> </u>	50.00
Frank A. Kersanty				Registra	ation Nur	ber, if PA	iC .	
Street Address	Employer/Occ	cupation/Labor (Organization*				Form (Cash, Chec	ck, etc.)
8499 Fallgold Court							Check	
City	State	Zip Code		М	D	Y	Amount	
Westerville	O F	4308	2	110	216	0 7		25.00
Full Name of Contributor			•			ber, if PA	C	
David W. McConnell				1				
Street Address	Employer/Occ	apation/Labor (Organization*				Form (Cash, Chee	ck, etc.)
194 Hamilton Ave.							Check	
City	State	Zip Code		М	D	Y	Amount	
Westerville	011	4308	1	1110	216	017		50.00
Full Name of Contributor	<u> </u>					ber, if PA	ıC .	•
JP Morgan Chase Bank, N.A.				1				
Street Address	Employer/Occ	apation/Labor (Organization*				Form (Cash, Che	ck, etc.)
Westerville South Branch	Bank correction on misread check							
City	State	Zip Code		М	D	Y	Amount	
Westerville	1011	1 4308	1	1019	10	017		(0.12)
Full Name of Contributor	<u> </u>					ber, if PA	ıC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Chee	ck, etc.)		
City	State	Zip Code	•	М	D	Y	Amount	
1	1	ŀ			L			
Full Name of Contributor				Registra	ation Nun	ber, if PA	ic .	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Chec	ck, etc.)			
							1	
City	State	Zip Code		М	D	Y	Amount	
				1 1			l	
Full Name of Contributor	•	<u> </u>	· · · · · ·	Registr	ation Num	ber, if PA	ıC	
				1				
Street Address	Employer/Oct	cupation/Labor	Organization*	*			Form (Cash, Che	ck, etc.)
City	State	Zip Code	·	М	Ď	Y	Amount	
		İ			1 1	1		
Full Name of Contributor Registration Number, if PAG							AC .	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)		
j								
City	State	Zip Code		М	D	Y	Amount	
						<u>l</u> i		

Page Total		124.88
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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)]