

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Royer for UA Schools			
Full Name of Contributor Central Ohio Realtors Political Action Committee		Registration Number, if PAC	
Street Address 2700 Airport Drive	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43219	M D Y 1 1 0 8 1 1 Amount \$250.00
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City		State Zip Code M D Y Amount	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City		State Zip Code M D Y Amount	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City		State Zip Code M D Y Amount	
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City		State Zip Code M D Y Amount	
Full Name of Contributor		Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	
City		State Zip Code M D Y Amount	

* 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 also appear. [R.C. 3517.10(B)(4)]