

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Teater for Schools						
Full Name of Contributor Angelo Serra				Registration Number, if PAC		
Street Address 4240 Abbey Chase Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 1	D 0	Y 1 3 1 3	Amount \$50.00
Full Name of Contributor Gwen McCartt				Registration Number, if PAC		
Street Address 5068 Waycroft Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 1	D 0	Y 1 4 1 3	Amount \$50.00
Full Name of Contributor Les Carrier				Registration Number, if PAC		
Street Address 4393 Shire Creek Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Hilliard	State OH	Zip Code 43026	M 1	D 2	Y 2 1 3	Amount \$100.00
Full Name of Contributor Albert Iosue				Registration Number, if PAC		
Street Address 5793 Walterway Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 1	D 0	Y 2 0 1 3	Amount \$50.00
Full Name of Contributor J. WM. Uttley, III				Registration Number, if PAC		
Street Address 4177 Stoneroot Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 1	D 0	Y 2 0 1 3	Amount \$30.00
Full Name of Contributor Janet Steitz				Registration Number, if PAC		
Street Address 4370 Dublin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 2 0 1 3	Amount \$100.00
Full Name of Contributor Thomas Baker				Registration Number, if PAC		
Street Address 4893 Brixston Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 1	D 1	Y 0 2 1 3	Amount \$25.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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)]

Page Total **\$405.00**