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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
SCHULER FOR SCHOOL BOARD								
Full Name of Contributor				Registration Number, if PAC				
JILL M. SCHULER								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, et				
88 HIGHMEADOW DRIVE	NA	TRA			TRANSFER			
City	State	Zip Code	M	D	Y	Amount		
GAHANNA	OH	43230	1 0	0 5	0 9	400.00		
Full Name of Contributor Registration Number, if PA						AC		
MATTHEW T. SCHULER								
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
88 HIGHMEADOW DRIVE	OHIO S				CHECK			
City	State	Zip Code	М	D	Y	Amount		
GAHANNA	OH	43230	1 0	0 5	0 9	100.00		
Full Name of Contributor	Registration Number,				iber, if Pa	AC		
WILES, BOYLE, BURHOLDER, BRIN	NGARDNER			CP1058				
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
115 MAIN STREET, SUITE 100					CHECK			
City	State	Zip Code	М	D		Amount		
COLUMBUS	OH	43215		1 1				
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 Numb						AC		
	Employer/Occupation/Labor Organization*							
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if PA						AC		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
				<del></del>	T 3,			
City	State	Zip Code	М	D	Y	Amount		
				1	ļ	A.C.		
Full Name of Contributor Registration					nber, if P	AC		
Control of the Contro				Tama (Cash Chadasa)				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
		17:- C-1-	1 12	1 5	T 0	Amount		
City	State	Zip Code	M	D	Y	Amount		
						<u> </u>		
Full Name of Contributor Registration Number, if PAC								
						Town (Cock Charle at )		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
a.	<del>                                     </del>	Pr. A. J.	<u> </u>	7	7 .,	A		
City	State	Zip Code	M	D	Y	Amount		
				<u> </u>				

\* 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)]

Page Total \$ 675.00