

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|--|--|--------------------|---|---------------|---------------|--|-----------------------------|
| Name of Committee in Full Teater for Schools | | | | | | | |
| Full Name of Contributor Kristina Toliver | | | | | | Registration Number, if PAC | |
| Street Address 5039 Gilwood Dr. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | M 1 | D 0 | Y 2 | Amount \$25.00 |
| Full Name of Contributor James Teater | | | | | | Registration Number, if PAC | |
| Street Address 2904 Morrison St. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Houston | | State TX | Zip Code 77009 | M 1 | D 0 | Y 2 | Amount \$1,500.00 |
| Full Name of Contributor Libby Gierach | | | | | | Registration Number, if PAC | |
| Street Address 4633 Community Way | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | M 1 | D 0 | Y 2 | Amount \$100.00 |
| Full Name of Contributor Dorothy Teater | | | | | | Registration Number, if PAC | |
| Street Address 3272 Cleeve Hl. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dublin | | State OH | Zip Code 43017 | M 1 | D 0 | Y 2 | Amount \$500.00 |
| Full Name of Contributor Friends of Paul Lambert | | | | | | Registration Number, if PAC | |
| Street Address 7275 Roberts Rd. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | M 1 | D 0 | Y 2 | Amount \$208.93 |
| Full Name of Contributor Nathan Painter | | | | | | Registration Number, if PAC | |
| Street Address 5491 Scioto-Darby Road, Suite 102 | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | M 1 | D 1 | Y 0 | Amount \$100.00 |
| Full Name of Contributor Doug Maggied | | | | | | Registration Number, if PAC | |
| Street Address 8982 Roberts Road | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Galloway | | State OH | Zip Code 43119 | M 1 | D 0 | Y 1 | Amount \$50.00 |
| Full Name of Contributor Keck for School Board | | | | | | Registration Number, if PAC | |
| Street Address 3400 Heritage Oaks Dr. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | M 0 | D 9 | Y 3 | Amount \$122.36 |

* 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 **\$2,606.29**