

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>DREES FOR UA SCHOOLS</b>							
Full Name of Contributor <b>Blair Adams</b>					Registration Number, if PAC		
Street Address <b>2310 DORSET RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>1   0</b>	D <b>2   0</b>	Y <b>1   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>EDWARD SEIDEL JR</b>					Registration Number, if PAC		
Street Address <b>4660 STONEHAVEN DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43220</b>	M <b>1   0</b>	D <b>2   0</b>	Y <b>1   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>WADE STEEN</b>					Registration Number, if PAC		
Street Address <b>2500 SHERWIN RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>1   5</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>EDWARD CRUM</b>					Registration Number, if PAC		
Street Address <b>1269 CASTLETON RD N.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43220</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>1   5</b>	Amount <b>20.00</b>	
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 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 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 Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
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 appear. [R.C. 3517.10(B)(4)]