Page	2	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
DREES FOR UA SCHOOLS							
Full Name of Contributor				Registration Number, if PAC			
Blair Adams							
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Check, etc.)	
2310 DORSET RD						CHECK	
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	0 1	1 43221	1 0	2 0	1 5	100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
EDWARD SEIDEL JR							
Street Address	Employer/Occ	cupation/Labor Organization*	-			Form (Cash, Check, etc.)	
4660 STONEHAVEN DRIVE						CHECK	
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	1 0 1	43220	1 0	210	1 5	100.00	
Full Name of Contributor	<u> </u>				ber, if PA		
WADE STEEN							
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)	
2500 SHERWIN RD						CHECK	
City	State	Zip Code	М	D	ΙΥ	Amount '	
COLUMBUS		43221	111	1 7	1 5		
Full Name of Contributor	101-	43221			ber, if PA		
EDWARD CRUM					•		
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)	
1269 CASTLETON RD N.	Employence	empution Euror organization				CHECK	
	State	Zip Code	М	I D	Тү	Amount	
COLUMBUC	l l	43220	111	$1\overline{1}7$	1 5		
COLUMBUS	10 1	43220			ber, if PA	<u> </u>	
Full Name of Contributor			registi		1001, 11 1 2		
	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Street Address	Employenoc	Cupation/Labor Organization				Total (Cash, Check, Cic.)	
	- Green	2:- C- 1-	М	D	ΙΥ	Amount	
City	State	Zîp Code	I WI	1 1	1 1	Allount	
	<u> </u>		D	 	} -b		
Full Name of Contributor			Registra	uion nun	iber, if PA	ic .	
	1					F (C C 1)	
Street Address	Employer/Oc	ecupation/Labor Organization*				Form (Cash, Check, etc.)	
		In a .		T =	T		
City	State	Zip Code	M	D	Y	Amount	
<u> </u>	<u> </u>			1 1			
Full Name of Contributor			Registra	ation Nur	nber, if P	VC .	
Street Address	Employer/O	ccupation/Labor Organization*				Form (Cash, Check, etc.)	
					· · · · · ·		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	<u> </u>		Registr	ation Nur	nber, if Pa	AC	
Street Address	Employer/Occupation/Labor Organization* Form (Cas				Form (Cash, Check, etc.)		
<u>{</u>		<u> </u>					
City	State	Zip Code	М	D	Y	Amount	

Page Total S	270.00

^{*} 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)]