Page _	3

Statement of Contributions Received

Prescribed by Secretary of State 2/01

				Principal Company of the Company of	No color representativa proprieta	tonounanessa sustanouna		to security construction to the security of th
Name of Committee in Full Teater for Schools				_				
I eater for Schools Full Name of Contributor	Therman on common phine			Davis	ation M.	ber, if PA	C	
				registr.	anon INUII	1001, II PA		
Larry Earman	E1	10000	tion/Labor Organitie-		THEMSON		Form (Cock Ct	·k eta \
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Chec	ik, etc.)
4369 Shire Creek Ct.	-		[z: o :		T ~		Check	
City	Sta		Zip Code	M	D	Y	Amount	100.00
Hilliard		Н	43026	1 0				100.00
Full Name of Contributor				Registra	ation Nuit	nber, if PA	C	
Elverna E. Wolpert	T				***************************************	-		B3000000000000000000000000000000000000
Street Address	Employer	ntion/Labor Organization				Form (Cash, Check, etc.)		
4786 Davidson Road			· · · · · · · · · · · · · · · · · · ·				Check	
City	Sta		Zip Code	М	P	Y	Amount	
Hilliard	0	Н	43026	COLUMN TO THE OWNER OF THE OWNER OWNE	0 6	and the second second second second		100.00
Full Name of Contributor				Registra	ation Nun	aber, if PA	.C	
Sarah W. Schroeder					No company			
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Che	ck, etc.)
3830 Braidwood Drive							Check	
City	Sta	ite	Zip Code	М	D	Y	Amount	
Hilliard	0	Н	43026	110	0 6	0 9	Monochia	50.00
Full Name of Contributor						nber, if PA	.C	
Christopher Mohr				apocidanas.				
Street Address	Employer	r/Occupa	ation/Labor Organization	<u>S</u>	Colored Statement Colored		Form (Cash, Che	ck, etc.)
6509 Ballantrae Place		•	•				Check	-
City	Sta	ite	Zip Code	М	D	Y	Amount	
Dublin	0	Н	43016	1 0	1 .	I .	##	50.00
Full Name of Contributor			<u> </u>	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED I	CONTRACTOR SECURIOR S	nber, if PA	.C	
Norman E. McElheny				3.55		,		
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Che	ck, etc.)
3825 Dayspring Drive	1	Jupe					Check	
City	Sta	ıte	Zip Code	Тм	D	ΙΥ	Amount	w.#
Hilliard	0	H	43026	1	0 6		8	50.00
FILLITATA Full Name of Contributor		11] 10040			nber, if PA		50.00
Teff Cabot				- Cogisti		, H.E.P.	=	
JEIT CADOT Street Address	Employe	-/Ocour-	ation/Labor Organization	1			Form (Cash, Che	ck etc)
	Limpioye.					Check	, 0.0.)	
60 E. Broad Street	Sta	ıte	Zip Code	M	D	Y	Cneck Amount	
Columbus	1	ate H					8	75.00
Columbus	LU	П	43215			0 9		75.00
Full Name of Contributor				Kegisti	auon Nur	noci, il PA	1 C	
Sue P. Glander	In ,	-/0	4 - / - 1 /	<u> </u>			TEON (O) O	ale -+: \
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Che	ск, etc.)
4281 Llanfair Court			Iz: 0 :			T	Check	***************************************
City	Sta		Zip Code	M	D	Y	Amount	O= 0-
Columbus	$\mid O \mid$	Н	43221	1 0		0 9		25.00
Full Name of Contributor				Registr	ration Nur.	nber, if PA	\C	
Lori E. Lang		-			100000000000000000000000000000000000000	-		
Street Address	Employe	r/Occupa	ation/Labor Organization				Form (Cash, Che	ck, etc.)
3584 Oarlock Ct.	<u></u>						Check	
City	Sta		Zip Code	М	D	Y	Amount	
Hilliard	0	Н	43026	1 0	0 0 6	0 9		25.00

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 475.00