

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Teater for Schools							
Full Name of Contributor Larry Earman					Registration Number, if PAC		
Street Address 4369 Shire Creek Ct.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 0 6	Y 0 9	Amount 100.00	
Full Name of Contributor Elverna E. Wolpert					Registration Number, if PAC		
Street Address 4786 Davidson Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 0 6	Y 0 9	Amount 100.00	
Full Name of Contributor Sarah W. Schroeder					Registration Number, if PAC		
Street Address 3830 Braidwood Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 0 6	Y 0 9	Amount 50.00	
Full Name of Contributor Christopher Mohr					Registration Number, if PAC		
Street Address 6509 Ballantrae Place		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 1 0	D 0 6	Y 0 9	Amount 50.00	
Full Name of Contributor Norman E. McElheny					Registration Number, if PAC		
Street Address 3825 Dayspring Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 0 6	Y 0 9	Amount 50.00	
Full Name of Contributor Jeff Cabot					Registration Number, if PAC		
Street Address 60 E. Broad Street		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 6	Y 0 9	Amount 75.00	
Full Name of Contributor Sue P. Glander					Registration Number, if PAC		
Street Address 4281 Llanfair Court		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1 0	D 0 6	Y 0 9	Amount 25.00	
Full Name of Contributor Lori E. Lang					Registration Number, if PAC		
Street Address 3584 Oarlock Ct.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 0 6	Y 0 9	Amount 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