## Statement of Contributions Received

Page 3

Prescribed by Secretary of State 03/05

Name of Committee in Full Teater for Schools		<del> </del>	-	
Full Name of Contributor Angelo Serra			Registration Number, i	f PAC
Street Address	<del></del>	<del></del>	<u>L</u>	
4240 Abbey Chase Ct.	Employer/Occ	mation/Labor Organization		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	10131	Arnount 3 \$50.00
Full Name of Contributor		<del></del>	Registration Number, i	f PAC
Gwen McCartt			•	
Street Address 5068 Waycroft Ct.	Employer/Oca	apation/Labor Organization		Form (Cash, Check, etc.) Check
City	State	Zip Code	IM DI VI	Amount
Hilliard	ОН	43026	10141	3 \$50.00
Full Name of Coombutor Les Carrier			Registration Number, i	(PAC
Street Address	Employer/Occu	pation/Labor Organization	· · <b>-</b> · · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.)
4393 Shire Creek Court.	State	Zip Code		Cash
Hilliard	OH	43026	1 2 2 1 3	\$100.00
Full Name of Contributor Albert Iosue			Registration Number, i	f PAC
Street Address				Form (Cash, Check, etc.)
5793 Walterway Drive	Employer/Occu	pation/Labor Organization		Check
City Hilliard	Stafe OH	Zip Code 43026	10201	Arnount 3 \$50.00
Full Name of Contributor	1 011	- 1	Registration Number, i	
J. WM. Uttley, III			registation (various, t	irac
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
4177 Stoneroot Drive				Check
City Hilliard	OH Sm≠c	Zip Code 43026	1 0 2 0 1	3 \$30.00
Full Name of Contributor		<del></del>	Registration Number, 1	(PAC
Janet Steitz			i	
Street Address 4370 Dublin Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State	Zip Code	мач	Amount
Columbus	ОН	43221	1 0 2 0 1	3 \$100.00
Full Name of Contributor			Registration Number, i	(PAC
Thomas Baker				
Street Address 4893 Brixston Drive	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City	State	Zip Code	MIDY	Amount
Hilliard	ОН	43026	1. 1. 1. 1. 1.	3 \$25.00
Full Name of Contributor			Registration Number, i	t PAC
Street Address	Employer/Octa	pation/Labor Organization	<del> </del>	Form (Cash, Check, etc.)
City	Strate	2ip Code	MALA	Amount
	OH			<b>,</b>

Page Total \$405.00

<sup>\*</sup> 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)]