Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Occupant ASS From School ASS							
DOUGLASS FON SCHOOL BOARD Full Name of Contributor				Registration Number, if PAC			
Conast Pous (ASS Street Address Employer/Occupation/Labor Organization* 5 Form (CaSh) Check,							
	Employer/Occupati	on/Labor Organization* I I Mark of Bradeway Correspond	si ru	an		Form (Cash) Check, etc.)	
COLUMNUS O	State OH	Zip Code 32/2	M 9	D 1 G	09	Amount 56	
#Full Name of Contributor #Registration Num					ber, if PA	AC	
Co NAUT NOUS (N SS) Street Address Employer/Occupation/Labor Organization*					desundamentiğanlırıdı		
Street Address 1115 UNIN AUR City	Employer/Occupati				Form (Cash, Cheek; etc.)		
Columbus S Full Name of Contributor	State OH	Zip Code	М	D	Y	Amount & 000	
Full Name of Contributor			Registrat	ion Nun	ber, if PA	AC /	
DAMES & BANDAMS MCCAURY							
Street Address Column						Form (Cash, Check etc.)	
Co Livering)	State OH	Zip Code 432/2		18	09	Amount 60	
CALST ATTICLASS							
Street Address 1/15 UNLIN Aug	Employer/Occupati	on/Labor Organization* HANL Const	er o	og w Cer	nd ND	Form (Cash, Check, etc.)	
Street Address 115 UNLIN AU City COUUNIOUS	State OH	ente / Const	M 2	D / C	09	Amount 68	
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Numb					iber, if PA	A.C.	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if F					nber, if PA	S.C.	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State OH	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if P.						AC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	

Page Total \$0.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]