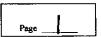
## **Statement of Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full Cindy Crowefor School Board	- · · · · · · · · · · · · · · · · · · ·			
Full Name of Contributor			Registration Number, if PAC	
Frederick Powrie				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
5746 Bluerush Ct.				Check
City Westerville	State OH	Zip Code 43082	0 9 1 3 1 1	Amount \$100.00
Full Name of Contributor Registration Number, it				AĈ
Christopher Wanner				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
1220 Churchbell Way				Check
City	State	Zip Code	0 9 1 3 1 1	Amount \$100.00
Columbus	OH <sub>.</sub>	43235		
Full Name of Contributor  Vinny S. Herwig  Registration Number, if PAC				
Street Address	Employer/Occa	pation/Labor Organization*		Form (Cash, Check, etc.)
657 Bay Dr.				Check
City	State	Zip Code	M D Y	Amount CEO OO
Westerville	ОН	43082	0 9 1 3 1 1	\$50.00
Full Name of Contributor Registration Number, if PAC				
Lynn and Micheal Gray				
Street Address	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.)
1133 Blue Heron Ct				Check
City	State	Zip Code	M D Y D 9 1 3 1 1	Amount
Westerville	ОН	43082		\$25.00
Full Name of Contributor  Registration Number, if PAC  Robert and Elizabeth Krile				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
5163 St. Andrews Dr.				Check
City	State	Zip Code	M D Y	Amount
Westerville	OH	43082	0 9 1 3 1 1	\$100.00
Full Name of Contributor			Registration Number, if I	PAC
Beverly Good				
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.) Check
852 Warten Lane				OHEUK
City	State	Zip Code 43081	M D Y 0 9 1 3 1 1	Amount \$25.00
Westerville	ОН	10001	Registration Number, if	
Full Name of Contributor John and Jeanette Talamo			Registration Number, if	
Street Address	Employer/Occ	upation/Labor Organization*	<del>-</del>	Form (Cash, Check, etc.)
406 Olde English Ct.	` -	· •		Check
City	State	Zip Code	M D Y D 9 1 3 1 1	Amount
Westerville	ОН	43082		\$100.00
Full Name of Contributor  Mary Joy Rose  Registration Number, if P				PAC
Street Address	Finnlover/Occ	apation/Labor Organization		Form (Cash, Check, etc.)
2945 Berry Lane Ct.	i inprojeti od	contraction of Business		Check
City	State	Zip Code	M D Y	Amount
Columbus	ОН	43231	0 9 1 3 1 1	\$25.00

Page Total \$525.00

<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)]