Event	Date	10/18/09
Page	Atsussows	<u>5</u>

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Seci	retary of State 3/05					
Name of Committee in Full							
Lisa Whiting for School Board			IDa=':·	ation **	mb er 'e	DAC	
Full Name of Contributor				ation Nu	nuer, IT	I MU	
Libby Gierach		unation // share On	1	, n	V	Amarin'	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	bedfor XPXs
3585 Skipstone Pl.				1 8			75.00
City	State	Zip Code	E .	ash,Ched			
		43221	Check Registration Number, if PAC				
Full Name of Contributor			kegistra	auon Nüi	muer, if	rau	
Beatriz Angel		ve a bi one / l = 1-	1 1 1	T -	1 1/	B A m ~····	DYCONOCIO CONTRACTOR C
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	400 00
4245 Westview Plaza		The Ordinary		1 8			100.00
City	State	Zip Code	ş.	ash,Ched			
Columbus	OH	43228		Check	DESCRIPTION OF THE PROPERTY OF	DAC	
Full Name of Contributor			Kegistra	ation Nu	moer, if	rau	
Street Address	Address Employer/Occupation/Labor Organization		М	D	ΙΥ	Amount	***************************************
							0.00
City	State	Zip Code	Form(C	ash,Che	ck,etc)		
-	Bellevisia	0.0000000000000000000000000000000000000					
Full Name of Contributor			Registration Number, if PAC				
			на				
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	neparamente en mante en de la companya de la compa
		**	on a second			COLUMN TO THE PARTY OF THE PART	0.00
City	State	Zip Code	Form(C	ash,Che	ck,etc)		
	DOMESTIC STATE OF THE STATE OF	ELECTRICAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE	2004				
Full Name of Contributor	and the second s		Registr	ation Nu	mber, if	PAC	
							Disconnection
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
	and the same of th						0.00
City	State	Zip Code	Form(C	ash,Che	ck,etc)		
III Name of Contributor		Registr	Registration Number, if PAC				
				nigration distribution and a second	ungapanunnnaprospyro-ar	**************************************	www.co.co.co.co.co.co.co.co.co.co.co.co.co.
Street Address	ddress Employer/Occupation/Labor Organization		M.	D	Y	Amount	
							0.00
City	State	Zip Code	Form(C	Cash,Che	ck,etc)		
							50
Full Name of Contributor	And the second s		Registr	ation Nu	mber, if	PAC	
Stroot Address	Employer/Occupation/Labor Organization*		М	Гр	ΙY	Amount	B-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Street Address							0.00
	State	Zip Code	Form/C	l : Cash,Che	ck.etc)		0.00
City	Sidle :	Lip Codo	1, 5,111(0	1,0110	,000)		
equired for contributions from individuals over \$100	to statewide and general ass	embly candidates. If contribu	itor is sel	f-employ	red, the	occupation ar	d the name
equired for contributions from individuals over \$100							

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No.	3 (-A. Under Full Name of Contributor state "Contributions If of	m form No. 51-E and list the date of the eve
in the date column.		
Total contributions this event	Total expenditures this event 95.45	Page Total \$ <u>175.00</u>
Б _{оннивания не почение по почение по почение на почени}	Example to bordan assets of the state of the	

organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]