Page	4	
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

DREES FOR UA SCHOOLS				_
Form (Cash, Check, etc.) Form (Cash, Check,	Name of Committee in Full	1		,
Street Additions	DREES FOR UA SCHOOLS			
State ABINGTON RD	Full Name of Contributor	-	Registration Number, if PA	AC .
2416 ABINGTON RD	KIM WHITMAN			
State	Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
State	2416 ABINGTON RD			CHECK
UPPER ARLINGTON	City	State Zip Code	M D Y	
Fail Name of Contributor	UPPER ARLINGTON		010 215 115	40.00
Street Address		1021		
Storet Address	KARENIOCAN		inogionamon i ramo ani in i r	
A 161 KENNY RD		Employer/Occupation/Labor Organization*		Form (Coch Check atc.)
State Zip Code M D Y Amount		Employer Occupation Labor Organization		
UPPER ARLINGTON		State	IM ID IV	
Full Name of Contributor DEBBIE DiFINSON	1 ·			
DEBBIE JOHNSON		0 11 43220		
Suet Address Employer Occupation* Labor Organization* Form (Cash, Check, etc.) CHECK			Registration Number, if P/	VC .
The Content of Contribution				,
State		Employer/Occupation/Labor Organization*		
UPPER ARLINGTON				CHECK
Full Name of Contributor	f ·	I	1 1 1	
ANN POOLE Street Address Employer-Occupation* Labor Organization* Form (Cash, Check, etc.)	UPPER ARLINGTON	O H 43220	1001215	100.00
Employer Occupation Labor Organization CHECK	Full Name of Contributor		Registration Number, if P/	/C
CHECK	ANN POOLE			
State Zip Code M D Y Amount	Street Address	Employer/Occupation/Labor Organization*	 -	Form (Cash, Check, etc.)
State Zip Code M D Y Amount	2099 GUILFORD RD			CHECK
Registration Number, if PAC LAURIE ROGERS	City	State Zip Code	M D Y	
Registration Number, if PAC LAURIE ROGERS	UPPER ARLINGTON	O H 43221	110012115	30.00
Street Address Employer Occupation* Labor Organization* State Zip Code M D Y Amount				
Street Address Employer Occupation* Labor Organization* State Zip Code M D Y Amount	LAURIE ROGERS			
State Zip Code M D Y Amount		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
State UPPER ARLINGTON O H 43220 1 0 0 2 1 5 20.00	2500 SANDOVER RD	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· ·
UPPER ARLINGTON		State Zin Code	IM D V	
Registration Number, if PAC	1 '		1 1 1	
Street Address Employer/Occupation/Labor Organization*				
Street Address State Zip Code M D Y Amount			Registration Number, if FA	10
State Zip Code M D Y Amount		Translation of a 1 Occasion &		F (0.1.01.1.1.)
State Zip Code M D Y Amount		Employer/Occupation/Labor Organization/		,
UPPER ARLINGTON O		5. 27. 0.1	Tu ta tu	
Full Name of Contributor NANCY WINSLOW Street Address Employer/Occupation/Labor Organization* Form (Cash. Check, etc.)	1 · ·			1
NANCY WINSLOW Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		O □ 43220		
Street Address	•		Registration Number, if PA	VC
2601 SLATE RUN				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1	Employer/Occupation/Labor Organization*		
UPPER ARLINGTON O H 43220 1 0 0 2 1 5 20.00 Full Name of Contributor DONNA MASON Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.) 1570 LONDON DR CHECK City State Zip Code M D Y Amount	2601 SLATE RUN		<u> </u>	CHECK
Full Name of Contributor DONNA MASON Street Address 1570 LONDON DR City Registration Number, if PAC Form (Cash, Check, etc.) CHECK M D Y Amount	City	-	M D Y	
DONNA MASON Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.) 1570 LONDON DR CHECK City State Zip Code M D Y Amount	UPPER ARLINGTON	O H 43220	1 0 0 2 1 5	20.00
Street Address	I .		Registration Number, if Pa	AC .
Street Address	DONNA MASON			
City State Zip Code M D Y Amount		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City State Zip Code M D Y Amount	1570 LONDON DR			CHECK
LIPPER ARLINGTON		State Zip Code	M D Y	
OTTER AREINGTON	_UPPER ARLINGTON	O H 43221	1 0 0 2 1 5	50.00

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	46 <u>0.00</u>