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Statement of Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full Royer for UA Schools | | | | |
|---|----------------|----------------------------|-------------------------|-----------------------------------|
| Full Name of Contributor Edwin Overmyer | | | Registration Number, if | PAC |
| Street Address 2480 Stonhaven PL | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) Check |
| City Upper Arlington | State OH, | Zip Code 43220 | 1 0 2 7 1 1 | Amount \$100.00 |
| Full Name of Contributor Noelle Fox | | | Registration Number, if | PAC |
| Street Address 2396 Middlesex Rd | Employer/Occup | pation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| City Upper Arlington | State OH | Zip Code 43220 | 1 0 2 7 1 1 | |
| Full Name of Contributor Robert Gillie | | | Registration Number, if | PAC |
| Street Address 2100 Concord Ct | Employer/Occup | pation/Labor Organization | | Form (Cash, Check, etc.) Check |
| City Upper Arlingotn | State OH | Zip Códc 43212 | 1 0 2 7 1 | Amount \$25.00 |
| Full Name of Contributor Robert Long | | | Registration Number, if | PAC |
| Street Address 2064 Waltham Rd | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| City Upper Arlington | State OH | Zip Code 43221 | M D Y 1 1 | Amount \$50.00 |
| Full Name of Contributor Clemy Kedian | | | Registration Number, if | PAC |
| Street Address 1423 Windrush Circle | Employer/Occu | pation/Labor Organization | _ | Form (Cash, Check, etc.) Check |
| City Blacklick | State OH | Zip Code 43004 | 1 0 2 7 1 1 | Amount \$50.00 |
| Full Name of Contributor Kenneth Mollica Registration Number, if PAC | | | | PAC |
| Street Address 1926 Suffolk Rd | Employer/Occu | pation/Labor Organization | _ | Form (Cash, Check, etc.) Check |
| City Upper Arlingotn | State OH | Zip Code 43221 | 1 0 2 7 1 1 | |
| Full Name of Contributor Priscilla Dobbies Registration Number, if PA | | | | |
| Street Address 2730 Vassar PL | | pation/Labor Organization | | Form (Cash, Check, etc.) Check |
| City Upper Arlingotn | Starc OH | Zip Code 43221 | M D Y 1 1 0 8 1 1 | Amount \$50.00 |
| Full Name of Contributor Registration Number, if P Susan Kahler | | | | |
| Street Address 2231 Shoreham Rd | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| City Upper Arlington | State OH | Zip Code 43221 | M D Y 1 1 0 8 1 | Amount 1 \$700.00 |

^{*} 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)]