Page	3

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full					***************************************		
Teater for Schools							
Full Name of Contributor				Registration Number, if PAC			
Lucy T. Creech			1148			. •	
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.)	
470 Hamlin Avenue	Employence	apation Dator Organization					
City	State	IZ:- Code	1 1/	1 5	1 7/	Check	
	1 .	Zip Code	M	D	Y	Amount 75.00	
Satellite Beach	F L	, 32937		and an arrival	DOMESTIC CONTRACTOR OF THE PARTY OF THE PART	75.00	
Full Name of Contributor			Registi	ration Nui	nber, if PA	C	
Street Address	<i>'. '' '' ' ' ' ' ' ' '</i>						
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
C3	St. t.	7:- 0-1-	1 37	1 5	7 57		
City	State	Zip Code	M	D	Y	Amount	
				بإبا	ļ.,		
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Regist	ration Nu	nber, if PA	.C	
Street Address	400000000000000000000000000000000000000	Form (Cash, Check, etc.)					
				Taxabana and an			
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Regist	ration Nu	mber, if PA	C	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	ΙΥ	Amount	
Full Name of Contributor			Regist	ration Nu	mber if PA	C	
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization Form (Cash, Check,							
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City	State	Zip Code	М	D	Y	Amount	
City	State	Zip code	141		1	Amount	
Full Name of Contributor			Pariet	ration Nu	mber, if PA		
Full Name of Controllor			Regist	ration ivu	moei, ii PA		
Street Address	Employer/Occupation/Labor Organization			Trans (Cost Chalasta)			
Street Address						Form (Cash, Check, etc.)	
		17: 0 1	1 37	<u> </u>			
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if PA						vC	
Street Address Employer/Occupation/Labor			Organization			Form (Cash, Check, etc.)	

City	State	Zip Code	М	D	Y	Amount	
*D ' 10 (1)							

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 75.00