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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
I						
Lisa Whiting for School Board Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	To	47 81		
Albert Iosue			Kegistr	ation Nu	mber, if	PAC
AIDERT IOSUE Street Address	[Employer/One	motion / shar Organization*			-	Francisco de la
	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
5793 Walterway Dr.	State	17in Codo	T M	1 0	1 4	Check
Hilliard	1	Zip Code 43026	M	D	Y	Amount
Full Name of Contributor	ОН	43026		2 0 ation Nu		
James Joyce			Registr	auon Nu	nder, ir	PAC
Street Address	Employer/Ocas	pation/Labor Organization*				Com (Cook Charle and)
3770 RidgeMill Dr.	Linployer/occu	padon/capor Organizadon"				Form (Cash, Check, etc.)
Gty	State	Zip Code	T u	,	l v	Check
Hilliard	1		M		Y	Amount
Full Name of Contributor	OH	43026		2 4		
J Wm Uttley III			Kegistr	ation Nur	nder, it i	PAC
Street Address	Employer/Occu	nation / shar Organization	<u> </u>			C (O)- (O)
4177 Stoneroot Dr.	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Т м	l n	Γυ	Check
Hilliard		<b>1</b> "	1 .	D	Y	Amount
Full Name of Contributor	OH	43026		2 0 ation Nur		30.00
Kristina Toliver			Regisur	auon nur	nder, ir i	PAC :
Street Address	Employer/Ocas	nation/Labor Organization*	<u> </u>		-	Form (Cook Chook etc.)
5039 Gilwood Dr.	Employer/Occa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	1 14	1 0	- V	Check
Hilliard	O H	43026	M	D	Y	Amount
Full Name of Contributor	ТО П	43026		2 0 ation Nur		25.00
Painter & Westfall LLC			keyisti i	ation Nur	nger, ir i	PAC
Street Address	Employer/Ocali	pation/Labor Organization*	<u> </u>		,	Form (Cash, Check, etc.)
5491 Schioto Darby Rd, Suite 102	Linployer/ Occup	Employer/Occupation/Labor Organization				
City	State	Zip Code	I M	D	Y	Check Amount
Hilliard	OH	43026	<b>!</b> .			1
Full Name of Contributor	10 11	45020	1 1	0 2	1 3	100.00
Bobbi Mueller			registi i	eron man	iloci, ii r	-AC
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
5248 Windsock Ct.	Employer occupacion Labor Organization					
City	State	State Zip Code		D	Y	electronic Amount
Hilliard	ОН	43026	M 1 : 0	3 1		10.00
Full Name of Contributor	0 11	43020		ition Nun		
Angelo Serra						· · · -
Street Address	Employer/Occur	pation/Labor Organization*	L			Form (Cash, Check, etc.)
4240 Abbey Chase Ct.						electronic
City	State	Zip Code	М	D	Υ	Amount
Hilliard	ОН	43026	1 0	3 1	1 3	50.00
quired for contributions from individuals over \$100 to statew						

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

Page Total \$ 1.265.00