

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Educate UA							
Full Name of Contributor Anonymous					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43221	M 1 2	D 0 5	Y 1 2	Amount 247.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
	:		:	:	:		
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
	:		:	:	:		
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
	:		:	:	:		
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City	State	Zip Code	M	D	Y	Amount	
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	:		:	:	:		