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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Educate UA							
Full Name of Contributor	*		Popistra	tion Nu	mber, if F	7A.C	
			Registia	ILIOH NGI	noer, a r	TAC	
Anonymous Street Address	Employer/Occ	unation/Labor Organiza	tion*			Form (Cash, Check, etc.)	
Street Address	Employer/occ	Employer/Occupation/Labor Organization*					
City	State	Zip Code	Ιм	D	T Y	Cash Amount	
		43221		Ι.	1 .		
Columbus Full Name of Contributor	ОН			1 2			
rull Name of Contributor			Registra	ition Nui	nber, if f	AC	
Street Address	Employer/Occupation/Labor Organization*				-	Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	Registration Number, if PAC			
Street Address Employer/Occupation/Labor Organization			tion*	n* Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor Registration					nber, if F	PAC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
		T					
City	State	Zip Code	M	D :	Y	Amount	
Full Name of Contributor		•	Registra	ition Nur	nber, if F	PAC	
Street Address Employer/Occupation/Labor Organiza						Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Υ	Amount	
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Full Name of Contributor	<u> </u>	•	Registra	tion Nur	nber, if f	PAC	
						Ir (Co. b. Charles and	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Υ	Amount	
	<u> </u>						
Full Name of Contributor Registration Nu					mber, if f	PAC	
Communication of the communica	[F-mala.ca. (0	upation / abas Osaasisa	tion*			Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*					rom (cash, check, etc.)	
City	State	Zip Code	М.	D	Y	Amount	
			D		1 1	1	
Full Name of Contributor			Kegistra	icion Nui	mber, if I	rac	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1						<b>1</b>	
City	State	Zip Code	М	D	Y	Amount	
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