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31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Cindy Crowe For School Board								
Full Name of Contributor							**Registration Number, if PAC**	
Paula M. Laird								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6594 Wild Rose Lane							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Westerville	O | H	43082	08	07	07			50.00
Full Name of Contributor							**Registration Number, if PAC**	
Clifford T. Labyk								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
42 Springcreek Dr.							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Westerville	O | H	43081	08	08	07			50.00
Full Name of Contributor							**Registration Number, if PAC**	
Heidi H. Johnson								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
8300 Fall Gold Lane							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Westerville	O | H	43082	08	20	07			20.00
Full Name of Contributor							**Registration Number, if PAC**	
Don W. Barlow								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
268 Highmeadows Village Dr.							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Powell	O | H	43065	08	20	07			50.00
Full Name of Contributor							**Registration Number, if PAC**	
Daniel Shively								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1039 Lakegrove Court							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Westerville	O | H	43081	08	20	07			25.00
Full Name of Contributor							**Registration Number, if PAC**	
Sherri Regester								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6080 Teasel Dr.							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Westerville	O | H	43082	08	20	07			40.00
Full Name of Contributor							**Registration Number, if PAC**	
Lynn E. Gray								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1133 Blue Heron Dr.							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Westerville	O | H	43082	08	26	07			25.00
Full Name of Contributor							**Registration Number, if PAC**	
Diana J. Conley								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1085 Tiffany Dr.							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Reynoldsburg	O | H	43068	08	26	07			50.00

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 310.00