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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				Registration Number, if PAC				
Julie Gould	Je., J., 10					Is (0 ) 0		
Street Address	Employer/Occu	on*			Form (Cash, Cl	neck, etc.)		
2420 Swansea Road	C 17- 0.1		F	1 ~		Check		
City	State	Zip Code	M	D	Y	Amount	<b>5</b> .00	
Columbus Full Name of Contributor	O H	43221		3 1			5.00	
			Registra	ation Nur	nber, ir i	AC		
Anonymous Street Address	Employer/Open	pation/Labor Organizatio	n#			Form (Cash, Cl	nade ata )	
Street Address	Employer/Occu	n1"			Cash	neck, etc.;		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43220	1 1	0 9	1 2		50.00	
Full Name of Contributor			Registra	ation Nur	nber, if F	PAC	•	
Ruth Zellmer								
Street Address	Employer/Occu	pation/Labor Organizatio	n*				Form (Cash, Check, etc.)	
1518 A Lafayette Drive						Cash		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43220	1 1	0 9	1 2		6.00	
Full Name of Contributor			Registra	ation Nur	nber, if f	PAC		
Joan Garrett								
Street Address	Employer/Occu	on*			Form (Cash, Cl	heck, etc.)		
1551 B Lafayette Drive					Cash			
City	State	Zip Code	M <sub>.</sub>	D	Y	Amount		
Columbus	O H	43220		0 9			25.00	
Full Name of Contributor			Registra	ation Nur	nber, if F	PAC		
George Momirov							<del> </del>	
Street Address	Employer/Occu	n*			Form (Cash, Cl	heck, etc.)		
2642 Clifton Road		<del></del>				Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	ОН	43221		0 2	1 2		25.00	
Full Name of Contributor			Registra	ation Nur	nber, if I	PAC		
Anonymous	[F] (O	pation/Labor Organizatio				Ir (01- 0		
Street Address	Employer/Occu	on^			Form (Cash, Cl	neck, etc.)		
Ca	Shaha	Tip Code	М	-	l v	Cash		
Calmula	State	Zìp Code	l .	D	Y	Amount	222.00	
Columbus Full Name of Contributor	O H	43221		0 2 ation Nur			222.00	
I di Name di Contributoi			Registra	ation Nui	iliber, a r	AC		
Street Address	Employer/Occu	on*			Form (Cash, C	heck, etc.)		
<u></u>	<u> </u>	T=	<del></del>					
City	State	Zip Code	M	D	Y 	Amount		
Full Name of Contributor	<u></u>		Registra	ation Nur	mber, if I	PAC		
Charach Adulus	[5((0					F /C C	ha-l. a \	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, C	neck, etc.)	
City	State	Zip Code	М	D	Υ	Amount		
						1		