

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Educate UA									
Full Name of Contributor Julie Gould							Registration Number, if PAC		
Street Address 2420 Swansea Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43221	M 1	D 0	Y 3	1 1	2 2	Amount 5.00
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 H	Zip Code 43220	M 1	D 1	Y 0	9 9	1 1	2 2
Full Name of Contributor Ruth Zellmer							Registration Number, if PAC		
Street Address 1518 A Lafayette Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus	State O	H H	Zip Code 43220	M 1	D 1	Y 0	9 9	1 1	2 2
Full Name of Contributor Joan Garrett							Registration Number, if PAC		
Street Address 1551 B Lafayette Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus	State O	H H	Zip Code 43220	M 1	D 1	Y 0	9 9	1 1	2 2
Full Name of Contributor George Momirov							Registration Number, if PAC		
Street Address 2642 Clifton Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43221	M 1	D 2	Y 0	2 2	1 1	2 2
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 H	Zip Code 43221	M 1	D 2	Y 0	2 2	1 1	2 2
Full Name of Contributor							Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	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	H	Zip Code	M	D	Y			Amount