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			
William Gabel							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
2140 N. Parkway Drive					Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОІН	43221	110	1 2	1 2		250.00
Full Name of Contributor	j. O 1	10221		tion Num		C	200.00
Jean Gabel					,		
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Ch	ank etc.)
	Епфіоуси оссир	1>				Check	cer, etc.)
2140 N. Parkway Drive	C1-1-	7:- 0-1-	1. 14	l· n	I' 3/		
City	State	Zip Code	M	D	Υ Y	Amount	050.00
Columbus	OIH	43221	1 0	1 2	1 2		250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Anonymous							
Street Address Employer/Occupation/Labor Organiz			on*			Form (Cash, Check, etc.)	
					Cash		
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43221	10	1 7	[.1 2]		93.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Steven Fekete							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Cl	eck, etc.)
5070 Slate Run Woods Court					Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	H + O	43220	10	117	1 2		35.00
Full Name of Contributor	<u>. </u>			tion Num		c	
Thomas Alexander							
Street Address	Employer/Occup	ation/Labor Organization*			,	Form (Cash, Ch	eck, etc.)
1850 Ridgeview Road		J				Check	,
City	State	Zip Code	М	D	Y	Amount	
Columbus	O + H	43221	110]	1 2		200.00
Full Name of Contributor	1.0 22	43221		tion Num		C	200.00
Citizens For Change in UA			Registi		DCI, 11 171		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Cl	ack atc.)
3800 Ritamarie Drive	Enquiyen occup				Check		
City	State	Zip Code	М	D	Y	Amount	
				1			100.00
Columbus Full Name of Contributor	ОН	. 43220		2 0 tion Nun			100.00
			Registra	tion Nun	Der, II PA	·C	
Arlington Voters Awareness	1					I (- 1	
Street Address	Employer/Occup				Form (Cash, Cl	eck, etc.)	
						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43220	$[.1 \mid 0]$.2 0	.1 2		400.00
Name of Contributor Registration Number, if I					ber, if PA	C	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Cl	ieck, etc.)	
City	State	Zip Code	М	D	Υ	Amount	
			[.]	[:]	[.]		

Page Total \$ 1,328.00

^{*} 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)]