## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	******					<del></del>
Educate UA						
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Joyce Blake			1			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1512 B Lafayette Drive						. Check
City	State	Zip Code	М	D	. Y	Amount
Columbus	OH	43220	.0 9	1 4	1 2	50.0
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Bernie Bronczyk						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3088 Brandon Road				Cash		
City	State	Zip Code	M	Ď	Y	Amount
Columbus	OH	43221	0 9			1 <u>00.0</u>
Full Name of Contributor		,	Registra	tion Num	ber, if PA	.C
George Momirov	F 1 10					F (0 1 0 1 11)
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2642 Clifton Road	State	Zip Code	М	- D	Y	Check
Columbus	OH	43221		17	1	. 200.0
Full Name of Contributor	0   11	43221			J. I ∣ ∠ ber, if PA	
Kris Turkelson			Icegistia	non num	oci, ii i n	
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)
2782 Eastcleft Drive	Employer occupation Labor Organization			Cash		
City	State	Zip Code	М	D	ΓY	Amount
Columbus	$O \mid H$	43221	019	117	1 2	50.0
Full Name of Contributor					ber, if PA	
Thomas Willke						
Street Address	Employer Occur	ation/Labor Organization*	<del></del>	•		Form (Cash, Check, etc.)
4375 Mumford Drive	1					Check
City	State	Zip Code	М	D	Υ .	Amount
Columbus	OH	. 0	0 9			10 <u>0.0</u>
Full Name of Contributor	**	<del>.</del>	Registra	tion Num	ber, if PA	C
Anonymous			<u> </u>			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
		In. a .			1:	Cash
City	State	Zip Code	M	D	Y	Amount
Columbus Full Name of Contributor	ОН	. 43220			1 2 ber, if PA	
			Registra	uon Nun	DCF, II FA	.C
Anonymous Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.)
Succi Address					Cash	
City	State	Zip Code	М	Ď	Y	Amount
Columbus	OH	: 43220	0 9	.1.17	.1   2	40.0
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Sophia Hondroulis						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1470 B Lafayette Drive						Cash
City	State	Zip Code	, M	D	Y	Amount
Columbus	ОН	43220	[.0] 9	2 1	12	10.0

Page Total \$	650.00				

<sup>\*</sup> 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)]