31-A R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/03

Name of Committee in Full			SINCE CONTRACTOR STATEMENT AND ADDRESS OF THE SECOND STATEMENT ADDRESS OF THE SECOND STATEMENT ADDRESS OF THE SECOND STATEMENT AND ADDRESS OF THE SECOND STATEMENT ADDRESS OF THE SECOND STATEMENT AND ADDRESS OF	Marineto Menerola de la composición de	Sekarater Balanderen		
Gahanna Jefferson Full Name of Contributor	nd for	Children	and Rub	(ic	£	due at in	
Full Name of Contributor	magnetic transfer and the second		Regi	istration	Number,	IF PAC	
000000000000000000000000000000000000000	a 11000			ahinaksan keesaa	nie iero kontroen ko	NOW TO THE PROPERTY OF THE PRO	
Full Name of Contributor Ohio Education Associ Street Address 225 & Broad St. City	Employer/O	Employer/Occupetion/Labor Organization®			ON SHARE SHEET, ED.	Form (Cash, Check, etc.	
City Columbus	3	Zip Code	М	ď	:)	Amount	
THE PROPERTY OF THE PROPERTY O	101	1 43215	- 1	0 1	50	9 2472.48	
Full Name of Contributor			Regi	stration)	Number,		
Street Address	Employer/O	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Confributor		Registration Number, if					
Street Address	Employer/Oc	Employer/Occupation/Labox Organization					
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			T 2 anis	tration N	-		
				uanus i	· mirocs, 1	I FAC	
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*			Handless to the season of the		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Regist	ration N	umber, is	F PAC	
Street Address	Employer/Oce	Employer/Occupation/Labor Organization*					
City	State	Zip Code	M	D	Γy	Amount	
Full Name of Contributor	**************************************			Barra arrana			
Par Nazie de Comulation			Registr	ation Nu	umber, if	PAC	
Street Address	Employer/Occi	pation/Labor Organization°	5.775	RESTRUCTION OF THE PARTY OF THE		Form (Cash, Check, etc.)	
City	Strate	Zip Code	M	Di	Y	Amount	
Full Name of Contributor			Registra	ition Nur	nber, if F	PAC	
			2002				
ireet Address	Employer/Occu	Employer/Occupation/Labor Organization			1000 M 2000 M AND MANAGEMENT	Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
ull Name of Contributor			Registrati	ion Num	ber, if P	C	
	···	No.	Electronic Control of the Control of				
treet Address	Employer/Occup	stion/Lubor Organization		Materia de Carres	a de Constantino de C	Form (Cash, Check, etc.)	
iy	Suse	Zip Code	M	D	Y	Amount	
	i				and the state of t		

Page Total \$ 2472, 48

^{*} 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 also appear. [R.C. 3517.10(B)(4)]