

T U N P A P E R F I L L I N G U N I V E R S I T Y

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Gahanna Jefferson Fund for Children and Public Education							
Full Name of Contributor Ohio Education Association					Registration Number, if PAC		
Street Address 225 E Broad St		Employer/Occupation/Labor Organization* labor organization - OEA			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1 6 1 5	Amount 3,675.98	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	
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Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	

* 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)]

3,675.98