

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Schuler for School Board							
Full Name of Contributor Michelle Slisher					Registration Number, if PAC		
Street Address 7116 Pleasant Colony Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk		
City Blacklick	State OH <input checked="" type="radio"/>	Zip Code 43004	M 1	D 0	Y 0	Amount 60.00	
Full Name of Contributor Kathleen Bonaventura					Registration Number, if PAC		
Street Address 78 Highmeadow Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk		
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Miriam Bogard					Registration Number, if PAC		
Street Address 421 Woodside Meadows Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk		
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 0	Amount 40.00	
Full Name of Contributor James McGregor					Registration Number, if PAC		
Street Address 180 Academy Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk		
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 0	Amount 75.00	
Full Name of Contributor Brooke Brofford					Registration Number, if PAC		
Street Address 441 Tresham Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk		
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor Daphne Moehring					Registration Number, if PAC		
Street Address 441 Lily Pond Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk		
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 0	D 9	Y 1	Amount 150.00	
Full Name of Contributor Elizabeth T. Smith					Registration Number, if PAC		
Street Address 1045 Eastchester Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk		
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 0	Amount 200.00	
Full Name of Contributor Cheryl Falzone					Registration Number, if PAC		
Street Address 723 Cherry Wood Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 0	Amount 40.00	

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