

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full DREES FOR UA SCHOOLS							
Full Name of Contributor MARK MURPHY					Registration Number, if PAC		
Street Address 1610 ARDWICK RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0	D 8	Y 115	Amount 180.00	
Full Name of Contributor CITIZENS FOR YASSENOFF					Registration Number, if PAC		
Street Address 1990 HAMPSHIRE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 0	D 9	Y 115	Amount 150.00	
Full Name of Contributor CAROL MOHR					Registration Number, if PAC		
Street Address 2567 WESTMONT BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 0	D 9	Y 215	Amount 100.00	
Full Name of Contributor MARJORY PIZZUTI					Registration Number, if PAC		
Street Address 2158 N PARKWAY DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43221	M 0	D 9	Y 215	Amount 100.00	
Full Name of Contributor LOIS CAIN					Registration Number, if PAC		
Street Address 4040 LONGHILL RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0	D 9	Y 215	Amount 50.00	
Full Name of Contributor KATHLEEN POPP AMORE					Registration Number, if PAC		
Street Address 4565 LANERCOST WAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0	D 9	Y 215	Amount 30.00	
Full Name of Contributor CECILIA MILLS					Registration Number, if PAC		
Street Address 1500 BRIDGETON DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0	D 9	Y 215	Amount 50.00	
Full Name of Contributor GLORIA HEYDLAUFF					Registration Number, if PAC		
Street Address 2390 SHERINGHAM RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O H	Zip Code 43220	M 0	D 9	Y 215	Amount 100.00	

* 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)]

Page Total \$ 760.00