31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Educate UA							
Full Name of Contributor						**Registration Number, if PAC**	
Christine Kane							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2028 Bedford Road							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43212	10	31	12		35.00
Full Name of Contributor						**Registration Number, if PAC**	
Julie Gould							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2420 Swansea Road							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	10	31	12		5.00
Full Name of Contributor						**Registration Number, if PAC**	
Anonymous							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
							Cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	11	09	12		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Ruth Zellmer							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1518 A Lafayette Drive							Cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	11	09	12		6.00
Full Name of Contributor						**Registration Number, if PAC**	
Joan Garrett							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1551 B Lafayette Drive							Cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	11	09	12		25.00
Full Name of Contributor						**Registration Number, if PAC**	
George Momirov							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2642 Clifton Road							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	12	02	12		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Anonymous							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
							Cash
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43221	12	02	12		222.00
Full Name of Contributor						**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**