Page5

Statement of Contributions Received

Prescribed by Secretary of State 2/01

				***************************************	-		
Name of Committee in Full							
Teater for Schools							
Full Name of Contributor			Registra	ition Num	ber, it PA	C	
Charles William Buck	7= 1 10			MAGDETTA (MAGDETTA)	SCHOOL STATE OF THE SCHOOL		
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, Check, etc.)	
4814 Canterwood Ct.		··· ·· ·······························			·	Check	
City	State	Zip Code	М	D	Y	Amount	
Hilliard	O H	43026	10	1 3	0 9	75.00	
Full Name of Contributor Registration Number, if PA Wiles, Boyle, Burkholder, Bringardner Co., LPA PAC CP-1058						С	
Wiles, Boyle, Burkholder, Bringardner Co., LPA PAC							
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Check, etc.)	
300 Spruce Street						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	1 0	1 3	0 9	150.00	
Full Name of Contributor	Registration Number, if PA					C	
Street Address	Employer/Occupation/Labor Organization				***************************************	Fonn (Cash, Check, etc.)	
	Employer coupulor Eddor Organization						
City	State	Zip Code	М	D	Y	Amount	
		J. J					
Full Name of Contributor			Perietre	ation Nur	her if DA	C	
Pull Name of Controllor				Registration Number, if PAC			
Street Address Employer/Occupation/Labor Organization						Company (Control of the Control of t	
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, Check, etc.)	
				· · · · · · · · · · · · · · · · · · ·	,		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
						en e	
Full Name of Contributor Registration Number, if PA						.C	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
		'					
Full Name of Contributor			Registr	ation Nun	her if PA	C	
Tan Tanio of Contributor			i togisti.		,	.~	
Constabilities (Constabilities						Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization						roini (Casii, Check, etc.)	
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City	State	Zip Code	М	D	Y	Amount	
				ation Nun			
Full Name of Contributor	AC .						
Street Address						Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 225.00