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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Reimagine Columbus Education							
Full Name of Contributor			Registration Number, if PAC				
Robert J. Weiler							
Street Address	Employer/Occu	pation/Labor Organization*	_			Form (Cash, Check, etc.)	
10 N. High Street, Ste. 401						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43215	016	218	1 3	25,000.00	
Full Name of Contributor		20,4.4	Registra	tion Num	ber, if PA		
Smoot Construction Co. of Ohio							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
	Sample, and a second	Campioyer occupation 22007 Organization				Check	
1907 Leonard Avenue	State	Zip Code	М	Ð	Y	Amount	
City	1 - , , ,			218		25,000.00	
Columbus	<u> [0] H</u>	43219			ber, if PA		
Full Name of Contributor			Registra	mon wan	ioei, ii ra		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		_	·	Form (Cash, Check, etc.)	
City	State	Zip Code	М	Ð	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Street Address	pation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
				1	1 1		
Full Name of Contributor			Registra	tion Num	ber, if PA	ıC	
Tan Pane of Conditions.							
Street Address	Form (Cash, Check, etc.)						
Silver Address		pation/Labor Organization*					
Ci	State	Zip Code	М	D	ΙΥ	Amount	
City	1		ı	l i	L		
E BY CO. LELINIA			Registra	tion Num	ber, if PA	\C	
Full Name of Contributor							
Street Address	Employer/Occu	pation/Labor Organization*	Form (Cash, Check, etc.)				
Street Address Employer/Occupation/Labor Organization*							
O'm	State	Zip Code	М	D	Y	Amount	
City	1			l i	1 1		
5.00			Registra	tion Num	ber, if PA	\C	
Full Name of Contributor							
Court Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization*							
City	State	Zip Code	М	D	Y	Amount	
				1	ł		
Full Name of Contributor			Registra	tion Nut	ber, if PA	VC .	
		_					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
[[*]			1				
	1 1 1	-didates. If contributor is self-e	1 1 1				

* 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 \$ 50,000.00