| Page ≪ | 2   |
|--------|-----|
| Page   | جدي |

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Wood for School Board   Registration Number, IF PAC   Contributors   From 151-E   Street Address   Employer Occupation Labor Organization*   From (Cash, Check, etc.)   |  |  |                             | 70110000000000000000000000000000000000 |   |  |                          |
|---|--|--|-----------------------------|--|---|--|--------------------------|
| Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.) | Name of Committee in Full                          |  |                             |  |   |  |                          |
| Contributions From Form 31-E   EmployerOccupation Labor Organization*   Form (Cash, Check, etc.)  | 9  |  |                             |  |   |  |                          |
| Employer Occupation Labor Organization *   Form (Cash, Check, etc.)   |  |  |                             | Registra                               | ation Nuir                              | iber, if PA  | AC .                     |
| State   |  |  |                             |  |   | nunicumentilla panticumberni.  |                          |
| Full Name of Contributor  Employer Occupation Labor Organization*  Employer Occupation Labor Organization*  Form (Cash, Check, etc.)  | Street Address                                     | Employer/Occi  | upation/Labor Organization* |  |   |  | Form (Cash, Check, etc.) |
| Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)   | City   | State  | Zip Code                    | М                                      | D                                       | Y  | Amount                   |
| Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  |  |  |                             | 1 0                                    | 1 5                                     | 0 9  | 454.00                   |
| City State Zip Code M D Y Amount  Full Name of Contributor  Employer/Occupation Labor Organization*  Employer-Occupation Labor Organization*  Form (Cash, Check, etc.)  City State Zip Code M D Y Amount  Registration Number, if PAC  Street Address  Employer-Occupation 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 M D Y Amount  Registration Number, if PAC  Street Address  Employer-Occupation 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.)  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)   | Full Name of Contributor                           | a Section (S. Commission of M. Sommer and American Community and Community Community Community Community Commu |                             | Registra                               | ation Nun                               | ber, if PA   | AC.                      |
| Full Name of Contributor  Street Address  Employer Occupation Labor Organization*  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  Street Address  Employer Occupation Labor Organization*  Form (Cash, Check, etc.)  Street Address  Employer Occupation Labor Organization*  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  Street Address  Employer Occupation Labor Organization*  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  | Street Address                                     | Employer/Occupation/Labor Organization*  |                             |  |   | Form (Cash, Check, etc.)   |                          |
| Full Name of Contributor  Street Address  Employer Occupation Labor Organization*  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  Street Address  Employer Occupation Labor Organization*  Form (Cash, Check, etc.)  Street Address  Employer Occupation Labor Organization*  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  Street Address  Employer Occupation Labor Organization*  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  City  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  | City   | State  | Zin Code                    | Тм                                     | П                                       | Ιv   | Amount                   |
| Street Address   Employer Occupation Labor Organization*   Form (Cash, Check, etc.)    Street Address   Employer Occupation* Labor Organization*   Form (Cash, Check, etc.)    Street Address   Employer Occupation* Labor Organization*   Form (Cash, Check, etc.)    Street Address   Employer Occupation* Labor Organization*   Form (Cash, Check, etc.)    Street Address   Employer Occupation* Labor Organization*   Form (Cash, Check, etc.)    Street Address   Employer Occupation* Labor Organization*   Form (Cash, Check, etc.)    Street Address   Employer Occupation*   Form (Cash, Check, etc.)   | City   | State  | Zhp Codo                    | 1                                      |   | Ì  | 7 Miodin                 |
| City State Zip Code M D V Amount  Full Name of Contributor  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  City State Zip Code M D V Amount  Full Name of Contributor  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  City State Zip Code M D V Amount  Form (Cash, Check, etc.)  City State Zip Code M D V Amount  Form (Cash, Check, etc.)  City State Zip Code M D V Amount  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  City State Zip Code M D V Amount  Registration Number, if PAC  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  City State Zip Code M D V Amount  Full Name of Contributor  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  City State Zip Code M D V Amount  Full Name of Contributor  Registration Number, if PAC  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  City State Zip Code M D V Amount  Full Name of Contributor  Registration Number, if PAC  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  | Full Name of Contributor                           | Registration Number, if P.   |                             |  |   |  | AC .                     |
| Full Name of Contributor    Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)  | Street Address                                     | Employer/Occupation/Labor Organization*  |                             |  |   |  | Form (Cash, Check, etc.) |
| Full Name of Contributor    Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)  | City   | State  | Zin Code                    | 1 M                                    | I D                                     | l v  | Amount                   |
| Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)    State   Zip Code   M   D   Y   Amount    Registration Number, if PAC    Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)   | City   |  | Zip codo                    |  |   |  | 7 IIIO GIR               |
| City  State Zip Code  M D Y Amount  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  State Zip Code  M D Y Amount  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Form (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)   | Full Name of Contributor                           |  |                             | Registra                               | ation Nun                               | ber, if PA   | A.C.                     |
| Full Name of Contributor    State   Zip Code   M   D   Y   Amount   | Street Address                                     | Employer/Occupation/Labor Organization*  |                             |  |   | Form (Cash, Check, etc.)   |                          |
| Street Address   Employer/Occupation/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   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   M   D   Y   Amount    Full Name of Contributor   Employer/Occupation/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                   |
| City State Zip Code M D Y Amount  Registration Number, if PAC  Street Address Employer/Occupation/Labor Organization* Full Name of Contributor  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)   | Full Name of Contributor                           |  |                             | Registra                               | ation Nun                               | ber, if PA   | AC                       |
| Full Name of Contributor    Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)   | Street Address                                     | Employer/Occupation/Labor Organization*  |                             |  |   |  | Form (Cash, Check, etc.) |
| Full Name of Contributor    Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)   | City   | Stata  | Zin Code                    | I M                                    | I D                                     | TV   | Amount                   |
| Street Address   Employer/Occupation/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   M   D   Y   Amount    Full Name of Contributor   Registration Number, if PAC    Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)    Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)  | City   | State  | Zip code                    | "                                      |   |  | mount                    |
| City  State Zip Code  M D Y Amount  Full Name of Contributor  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)   | Full Name of Contributor Registration Number, if P |  |                             |  |   |  | AC .                     |
| Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  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.)  | Street Address                                     | Employer/Occupation/Labor Organization*  |                             |  | *************************************** | ware waren war | Form (Cash, Check, etc.) |
| Street Address Employer/Occupation/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                   |
| Street Address Employer/Occupation/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.)  | Tail Name of Contributor                           |  |                             | Pagietr                                | ation Num                               | har if D   |                          |
| 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.)   | ruii Name of Contributor                           |  |                             | Registi                                | ation Nun                               | ider, ii r   |                          |
| Full Name of Contributor  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  | Street Address                                     | Employer/Occupation/Labor Organization*  |                             |  |   | ***************************************  | Form (Cash, Check, etc.) |
| Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)   | City   | State  | Zip Code                    | М                                      | D                                       | Y  | Amount                   |
|   | Full Name of Contributor                           |  |                             | Registr                                | ation Num                               | ber, if PA   | AC                       |
| City State Zip Code M D Y Amount  | Street Address                                     | Employer/Occupation/Labor Organization*  |                             |  |   | Form (Cash, Check, etc.)   |                          |
| City State Zip Code M D Y Amount  |  |  |                             |  |   |  |                          |
|   | City   | State  | Zip Code                    | М                                      | D                                       | Y  | Amount                   |

\* 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 \$ 454.00