

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Cindy Crowe for School Board									
Full Name of Contributor Kathleen Paolini						Registration Number, if PAC			
Street Address 8997 Flizland Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell		State OH		Zip Code 43085		M 0		D 9	
						Y 1		Y 1	
						Amount \$25.00			
Full Name of Contributor Christine Thorp						Registration Number, if PAC			
Street Address 6121 Teasel Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH		Zip Code 43082		M 0		D 9	
						Y 1		Y 1	
						Amount \$50.00			
Full Name of Contributor Mark & Tracy Davidson						Registration Number, if PAC			
Street Address 205 Walnut Ridge Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH		Zip Code 43081		M 9		D 1	
						Y 9		Y 1	
						Amount \$50.00			
Full Name of Contributor Dan & Jennifer Shively						Registration Number, if PAC			
Street Address 1039 Lakegrove Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH		Zip Code 43081		M 9		D 1	
						Y 7		Y 1	
						Amount \$25.00			
Full Name of Contributor Bob & Kim Inman						Registration Number, if PAC			
Street Address 8700 Bunch Flower Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH		Zip Code 43082		M 9		D 1	
						Y 3		Y 1	
						Amount \$25.00			
Full Name of Contributor Scott & Deborah Baumgartner						Registration Number, if PAC			
Street Address 1065 Denman Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH		Zip Code 43082		M 9		D 1	
						Y 9		Y 1	
						Amount \$25.00			
Full Name of Contributor James & Laura Lawrence						Registration Number, if PAC			
Street Address 8412 Fallgold Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH		Zip Code 43082		M 0		D 9	
						Y 1		Y 7	
						Amount \$20.00			
Full Name of Contributor Nancy McFarland						Registration Number, if PAC			
Street Address 59 College Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Westerville		State OH		Zip Code 43081		M 9		D 1	
						Y 8		Y 1	
						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 also appear. [R.C. 3517.10(B)(4)]