31-A R.C. 3517.10

## Statement of Contributions Received

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	rrescribed by Se	cretary of State 3/05					# 1.
Name of Committee in Full Elost Myle Wiles Zer Schoo Board Committe							
Full Name of Contributor  Walk DallS			Registra	tion Num	be, if PA	.C	
Street Address 330 Surrosey Ave	Employer/Occup  Delau	pation/Labor Organization*	J ·			Form (Cash, Cly	eck dich
Columbus	Oh	Zip Code 43204	110	10	ď,	Amount 10	00
Full Name of Contributor D.DS. L.C. debra Hurt Registration Number, if PAC N/A							
Street Address 1128 South High Street		nation/Labor Organization*  natured Dente	A			Form (Cash, Ch	eck) etc.)
Columbus	O State	2ip Cod 43206	M   O	DE	O 7	Amount / OC	) . <i>စ</i> စ
Full Name of Contributor			Registra		iber, if PA	ıC	
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Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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Street Address						eck. efc.)	
City	State	Zip Code	М	D	Y	Amount	The second of th
Full Name of Contributor							
Street Address				Form (Cash, Ch	eck, 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	
equired for contributions from individuals over \$100 to statewide and gene	eral assembly cano	lidates. If contributor is self-empl	oved the	occupatio	n and the	name of the	a entrepolities de

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 \$	0.00
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