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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

		<del></del>				
Name of Committee in Full ELECT KLE	N SCH	OOL BOAR	ク			
Full Name of Contributor  OAPSE AFSCME TURNAK	POUND	OHIO PAC LA	Registr	ation Nur	nber, if P	ac 269
Full Name of Contributor OAPSE AFSCME TURNAK Street Address 6805 DAK CREEK DRIVE City COLUMBUS	Employer/Occu	Form (Cash, Check, etc.)				
COLUMBUS	State O   H	Zip Code 43229-1591	M / 0	26	o 7	Amount 1,000.00
Full Name of Contributor Registration Number, if						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	AC					
Street Address	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	AC					
Street Address	Employer/Occu	Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	AC					
Street Address	Employer/Occu	Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	AC .					
Street Address	Employer/Occu	Form (Cash, Check, etc.)				
City .	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	AC					
Street Address	Employer/Occu	Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor Registration Number, if PA						AC
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	М	D .	Y	Amount
actived for contributions from individuals over \$100 to statewide and		4(4)	alawad th		on and th	

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 S 100.00