

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page _____

| | | | | | | |
|---|--------------------|--|---------------|-----------------------------|--|-----------------------------|
| Name of Committee in Full Gale for School Board, Jeffrey R. Gale Steven Perdue, Treasurer | | | | | | |
| Full Name of Contributor Marilyn Gale | | | | Registration Number, if PAC | | |
| Street Address c/o 6429 Bromfield Dr. | | Employer/Occupation/Labor Organization Parent | | | Form (Cash, Check, etc.) Check | |
| City Westerville | State OH | Zip Code 43081 | M 1 | D 0 | Y 0 | Amount \$1,000.00 |
| Full Name of Contributor Jeffrey R. Gale | | | | Registration Number, if PAC | | |
| Street Address 6429 Bromfield Drive | | Employer/Occupation/Labor Organization Candidate | | | Form (Cash, Check, etc.) Check | |
| City Westerville | State OH | Zip Code 43082 | M 1 | D 0 | Y 0 | Amount \$400.00 |
| Full Name of Contributor Christine M. Thorp | | | | Registration Number, if PAC | | |
| Street Address 6121 Teasel Drive | | Employer/Occupation/Labor Organization Friends | | | Form (Cash, Check, etc.) Check | |
| City Westerville | State OH | Zip Code 43082 | M 1 | D 0 | Y 1 | Amount \$50.00 |
| Full Name of Contributor Christopher F. Wanner | | | | Registration Number, if PAC | | |
| Street Address 1220 Churchbell Way | | Employer/Occupation/Labor Organization Educator | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43235 | M 1 | D 0 | Y 1 | Amount \$100.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | |
| City | State OH | 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 OH | 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 OH | 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 OH | Zip Code | M | 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,550.00**