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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
•					١		1
DREES FOR UA SCHOOLS Full Name of Contributor		<u> </u>	In the second		1004	0	·.
KYLE CORNA			Registrati	ion ivumi	ber, if PA	.C	1
Street Address	Employer:On year	ation/Labor Organization*			,	F (C 1 C)	
	istiipioyet/Occup	ation Labor Organization				Form (Cash, Chec	ŕ
1765 EDGEMONT RD City	84-1-	7:- 0-1.	1 14 1		,	<u>PAYPA</u> L	
COLUMBUS	State O H	Zip Code 43212	М 10	D 1 4	1 5	Amount	50.00
Full Name of Contributor		10212			ber, if PA	C.	50.00
MARY ANN KRAUSS			1				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
1980 UPPER CHELSEA RD						CHECK	,
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	OIH	43221	-110	1 6	1 5	•	25.00
Full Name of Contributor		<u> </u>			ber. if PA	С	
TIMOTHY MARCH							
Street Address	Employer/Occup	ation/Labor Organization*	-			Form (Cash, Chec	k, etc.)
1580 FISHINGER RD						CHECK	
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	O H	43221	1 0	1 6	1 5		25.00
Full Name of Contributor			Registrati	ion Num	ber, if PA	С	
SANDY FEDERER				_			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
1329 CASTLETON RD						CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	O H	43220		1 6			25.00
Full Name of Contributor Registration Number, if PAC							
ELIZABETH HANDLAN							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
2354 KENSINGTON		In a				CHECK	
	State O H	Zip Code	M	D	Y	Amount	E0.00
COLUMBUS Full Name of Contributor	O H	43221		1 6	1 5		50.00
			Registrati	ion Numi	ber, if l'A	C	
ELAINE BUCK Street Address	Employee/Outure	wind the Organization				Form (Cash, Chec	1
4146 CLAIRMONT RD	Employer/Occup	ation/Labor Organization*				`	K, etc.)
City	State	Zip Code	М	D	Y	CHECK Amount	
_COLUMBUS	O H	43220					50.00
Full Name of Contributor		43220	Registrati		1 5		50.00
Tan Fame of Commodici			Registrati	1011 142111	oci. ii i A	.c	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k. etc.)
		Milest Zabor en Emileste				com (casia cae	,ic etc.)
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registrați	ion Numi	ber, if PA	C	
Street Address	Employer:Occupation/Labor Organization* Form (Cash, Check, etc.)						
City	State	Zip Code	М	D	Y	Amount	_
				-			
assigned for contributions from individuals once \$100 to state wide a							

* 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 \$	225.00