## Statement of Contributions Received

Prescribed by Secretary of State 2/01

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Name of Committee in Full Teater for Schools								
Full Name of Contributor				Davistes	tion Num	ber, if PA	_	delinentiani en
Constance R. Nolder				Registra	HOH IAMH	Dei, ii FAN		:
Street Address	Employer/C	Occupat	tion/Labor Organization				Form (Cash, Chec	k, etc.)
3855 Pleasantbrook Drive							Check	, ,
City	State	. 1	Zip Code	ΙM	D	Y	Amount	
Hilliard	0	Н	43026	1 0		}		50.00
Full Name of Contributor						ber, if PA	C	
Steven S. Nolder								
Street Address	Employer/Occupation/Labor Organization				The second second second		Form (Cash, Ched	k, etc.)
4176 Cloudberry Ct.							Check	
City	State	. 1	Zip Code	M	D	Y	Amount	
Hilliard	0	Н	43026	10		0 9		50.00
Full Name of Contributor		11	10020			ber, if PA	C	00.00
Michael Joseph Gillotti								
Street Address	Employer/0	Occupat	tion/Labor Organization	- Louis and the second			Form (Cash, Ched	k, etc.)
3864 Dayspring Drive	2				a a constant of the constant o			
City	State		Zip Code	M	D	Y	Check Amount	
Hilliard	0	Н	43026	1 0	i .	0 9		250.00
Full Name of Contributor		1.1	1 10020			ber, if PA	C	200.00
Cheril D. Lee				rogisati				
Street Address	Employer/	Joonna	tion/I abor Organization				Form (Cash, Che	ok etc.)
	Employer/Occupation/Labor Organization				B			ж, стс.)
3844 Dayspring Drive	Ctota		Z:- C- t-	1 1/4	T n	Y	Check	
City	State		Zip Code	M	D	i	Amount	25.00
Hilliard		Н	43026	10		0 9		25.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Denise M. Bobbitt				<u> </u>				
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Che	k, etc.)
3699 Ridgewood Drive	ļ		· · · · · · · · · · · · · · · · · · ·		,	,	Check	***************************************
City	State		Zip Code	M	D	Y	Amount	m.o. o.o
Hilliard		H	43026	1 0	THE PARTY OF THE P	Application of the second state of the second		50.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Stanton A. West					i i i bal kanadan kara ina si mindina			
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Che	ck, etc.)
4770 Shire Ridge Road W.							Check	
City	State		Zip Code	M	D	Y	Amount	
Hilliard	0	H	43026	10	1 3	0 9		50.00
Full Name of Contributor				Registra	ition Num	ber, if PA	.C	
Martha H. Teater								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Che	ck, etc.)
146 Megan Drive					Check			
City	State	;	Zip Code	М	D	Y	Amount	
Clyde	N	C	28721	1 0	1 3	0 9	onicolities	100.00
Full Name of Contributor						ber, if PA	ČC.	
Kathleen Uttley								
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Che	ck, etc.)	
4177 Stoneroot Drive					Check			
City	State		Zip Code	М	D	Y	Amount	
Hilliard	0	Н	43026	1 0		I	guinesses and an	25.00
111111111111111111111111111111111111111		T. T	1 10040			1012	<u> </u>	40.00

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ \_\_\_\_\_\_600.00