

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Teater for Schools</b>												
Full Name of Contributor <b>Constance R. Nolder</b>						Registration Number, if PAC						
Street Address <b>3855 Pleasantbrook Drive</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Hilliard</b>		State <b>O   H</b>		Zip Code <b>43026</b>		M <b>1   0</b>		D <b>0   6</b>		Y <b>0   9</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Steven S. Nolder</b>						Registration Number, if PAC						
Street Address <b>4176 Cloudberry Ct.</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Hilliard</b>		State <b>O   H</b>		Zip Code <b>43026</b>		M <b>1   0</b>		D <b>0   6</b>		Y <b>0   9</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Michael Joseph Gillotti</b>						Registration Number, if PAC						
Street Address <b>3864 Dayspring Drive</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Hilliard</b>		State <b>O   H</b>		Zip Code <b>43026</b>		M <b>1   0</b>		D <b>1   3</b>		Y <b>0   9</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Cheril D. Lee</b>						Registration Number, if PAC						
Street Address <b>3844 Dayspring Drive</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Hilliard</b>		State <b>O   H</b>		Zip Code <b>43026</b>		M <b>1   0</b>		D <b>1   3</b>		Y <b>0   9</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Denise M. Bobbitt</b>						Registration Number, if PAC						
Street Address <b>3699 Ridgewood Drive</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Hilliard</b>		State <b>O   H</b>		Zip Code <b>43026</b>		M <b>1   0</b>		D <b>1   3</b>		Y <b>0   9</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Stanton A. West</b>						Registration Number, if PAC						
Street Address <b>4770 Shire Ridge Road W.</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Hilliard</b>		State <b>O   H</b>		Zip Code <b>43026</b>		M <b>1   0</b>		D <b>1   3</b>		Y <b>0   9</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Martha H. Teater</b>						Registration Number, if PAC						
Street Address <b>146 Megan Drive</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Clyde</b>		State <b>N   C</b>		Zip Code <b>28721</b>		M <b>1   0</b>		D <b>1   3</b>		Y <b>0   9</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Kathleen Uttley</b>						Registration Number, if PAC						
Street Address <b>4177 Stoneroot Drive</b>			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>					
City <b>Hilliard</b>		State <b>O   H</b>		Zip Code <b>43026</b>		M <b>1   0</b>		D <b>1   3</b>		Y <b>0   9</b>		Amount <b>25.00</b>

\* 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