

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Schuler for School Board						
Full Name of Contributor David Fisher				Registration Number, if PAC		
Street Address 504 Cherry Bottom Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk	
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 0	D 9	Y 3	Amount 100.00
Full Name of Contributor Herbert Wilke				Registration Number, if PAC		
Street Address 720 N. Hamilton Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk	
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 2	Amount 100.00
Full Name of Contributor Scott Mounts				Registration Number, if PAC		
Street Address 195 Greenbank Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk	
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 4	Amount 66.00
Full Name of Contributor Bonnie Clark				Registration Number, if PAC		
Street Address 635 Sycamore Mill Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk	
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 3	Amount 40.00
Full Name of Contributor James Garvey				Registration Number, if PAC		
Street Address 7380 Havens Corner Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk	
City Blacklick	State OH <input checked="" type="radio"/>	Zip Code 43004	M 1	D 0	Y 3	Amount 40.00
Full Name of Contributor Jonathan Sadler				Registration Number, if PAC		
Street Address 704 Deer Tail Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk	
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 3	Amount 40.00
Full Name of Contributor William Curlis				Registration Number, if PAC		
Street Address 865 Macon Alley		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk	
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43206	M 0	D 9	Y 2	Amount 40.00
Full Name of Contributor Friends of Tom Patton				Registration Number, if PAC		
Street Address 17157 Rabbit Run Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) chk	
City Strongsville	State OH <input checked="" type="radio"/>	Zip Code 44136	M 1	D 0	Y 1	Amount 200.00

* 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 **626.00**