

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full EducateHilliard.org							
Full Name of Contributor Laurie Johnson					Registration Number, if PAC		
Street Address 6235 Janes Way		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Paypal		
City Hilliard	State OH	Zip Code 43026	M 1	D 0	Y 1	Amount \$50.00	
Full Name of Contributor Peter Satre					Registration Number, if PAC		
Street Address 2479 Oakthorpe Drive		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Paypal		
City Hilliard	State OH	Zip Code 43026	M 1	D 0	Y 2	Amount \$75.00	
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	
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 **\$125.00**