

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Teater for Schools							
Full Name of Contributor Kathryn J. Simpson					Registration Number, if PAC		
Street Address 3847 Daypring Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 0 2	Y 0 9	Amount 25.00	
Full Name of Contributor James S. Teater					Registration Number, if PAC		
Street Address 5558 Holly Springs Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Houston	State T X	Zip Code 77056	M 1 0	D 0 2	Y 0 9	Amount 2,500.00	
Full Name of Contributor Robert W. Teater					Registration Number, if PAC		
Street Address 3272 Cleeve Hill		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1 0	D 0 6	Y 0 9	Amount 1,000.00	
Full Name of Contributor Patricia H. Bazler					Registration Number, if PAC		
Street Address 413 Northridge Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 0 6	Y 0 9	Amount 75.00	
Full Name of Contributor Clarence J. Cunningham					Registration Number, if PAC		
Street Address 3480 Scioto Run Boulevard		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 0 6	Y 0 9	Amount 50.00	
Full Name of Contributor Douglas S. Hessenauer					Registration Number, if PAC		
Street Address 9622 Walnut Hill		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1 0	D 0 6	Y 0 9	Amount 100.00	
Full Name of Contributor Jay D. Biros					Registration Number, if PAC		
Street Address 2854 Wynneleaf Street		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 0 6	Y 0 9	Amount 25.00	
Full Name of Contributor Traci Petrides					Registration Number, if PAC		
Street Address 6728 Alberta Place		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 1 0	D 0 6	Y 0 9	Amount 50.00	

* 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 \$ 3,825.00