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Statement of Contributions Received

Prescribed by Secretary of State 2/01

			en processor and a successor a		ACA-794.03333.00+034.014050		nan promote a transport de l'acceptant de l'acceptant de l'acceptant de l'acceptant de l'acceptant de l'accept	
Name of Committee in Full								
Teater for Schools			TD.			~		
Full Name of Contributor			Registrat	ion Numb	er, if PA	C		
Kathryn J. Simpson	T=			-			***************************************	
Street Address	Employer/Occupation/Labor Organization					Fonn (Cash, Check, etc.)		
3847 Daypring Drive						Check		
City	State	Zip Code	M	D	Y	Amount	0 F 00	
Hilliard	$\mid O \mid H$	43026	and the same of	0 2	0 9		25.00	
Full Name of Contributor Registration Number, if PAC								
James S. Teater				one in a Million Land Million in	-111			
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
5558 Holly Springs Drive						Check		
City	State	Zip Code	М	D	Y	Amount		
Houston	$T \mid X$	77056	1 0	0 2	0 9		2,500.00	
Full Name of Contributor			Registrat	Name and Address of the Association of the Contract of the Con	er, if PA	C		
Robert W. Teater								
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
3272 Cleeve Hill				1			Check	
City	State	Zip Code	M	D	Y	Amount		
Dublin	OH	43017	1 0	0 6	0 9		1,000.00	
Full Name of Contributor		1001/			per, if PA	C	1)000.00	
Patricia H. Bazler			3		,			
Street Address Employer/Occupation/Labor Organization						Form (Cash, Cl	neck etc.)	
	Employer/Occupation/Labor Organization					Check		
413 Northridge Road	State	Zip Code	М	D	Y	Amount		
City	i	43214				Amount	75.00	
Columbus	O H	43214		0 6	AND DESCRIPTIONS OF THE PARTY O		73.00	
Full Name of Contributor Registration Number, if PAC								
Clarence J. Cunningham					1			
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
3480 Scioto Run Boulevard		T_, ~	1			Check		
City	State	Zip Code	M	D	Y	Amount		
Hilliard	O H	43026	1 0	formore and excess and			50.00	
Full Name of Contributor			Registrat	tion Num	ber, if PA	.C		
Douglas S. Hessenauer								
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
9622 Walnut Hill						Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	O H	43082	1 0	0 6	0 9		100.00	
Full Name of Contributor			Registrat	tion Num	ber, if PA	.C		
Jay D. Biros								
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
2854 Wynneleaf Street						Check		
City	State	Zip Code	М	D	Y	Amount		
Hilliard	OH	43026	1 0	0 6	0 9		25.00	
Full Name of Contributor Registration Number, if PAG				iC				
Traci Petrides								
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
6728 Alberta Place				Check				
City	State	Zip Code	M	D	Y	Amount	***************************************	
•	OH	43082	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0$	1	0 9	. 21104111	50.00	
Westerville		1 ±3004	1110	1010	1013		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