Page	- 2	2
1 age		

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Teater for Schools									
Full Name of Contributor				Reg	istrat	ion Num	ber, if PA	С	
Angelo Serra					otomeron	nakapatan paramanan kanala	·		
Street Address	Employe	ег/Оссира	tion/Labor Organization					Form (Cash, Check, etc.)	
4240 Abbey Chase Ct.			·····					Check	
City	St		Zip Code	M		D	Y	Amount	
Hilliard		H	43026	1	0	1 9	0 9	25.	.00
Full Name of Contributor Registration Number, if PAC								С	
Dorothy S. Teater									
Street Address	Employer/Occupation/Labor Organization			4,				Form (Cash, Check, etc.)	
3272 Cleeve Hill	i							Check	
City	St	ate	Zip Code	M		D	Y	Amount	
Dublin	0	H	43017	1	0	1 9	0 9	500.	.00
Full Name of Contributor				Reg	strat	ion Num	ber, if PA	C	
Penny Lundregan									
Street Address	Employe	ег/Оссира	tion/Labor Organization		venomann)			Form (Cash, Check, etc.)	
5709 Tynecastle Loop								Cash	
City	St	ate	Zip Code	M		D	Y	Amount	
Dublin	0	H	43016	1	0	1 9	0 9	50.	.00
Full Name of Contributor				terment etabolismicrosco	and sections		ber, if PA	Barrier and the contract of th	
Libby V. Gierach									
Street Address	Employe	er/Occupa	tion/Labor Organization					Form (Cash, Check, etc.)	
3585 Skipstone Pl.								Check	
City	St	ate	Zip Code	M		D	Y	Amount	
Columbus	10	Н	43221	1	0	2 7	0 9	75.	.00
Full Name of Contributor				MANAGES AND ASSESSMENT OF THE PARTY OF THE P	AND DESCRIPTION OF THE PERSON NAMED IN	And an extended particular partic	ber, if PA	**************************************	
Rich & Gillis Law Group, LLC									
Street Address	Employe	ег/Оссира	tion/Labor Organization		W			Form (Cash, Check, etc.)	
6400 Riverside Drive, Suite D		•	· ·					Check	
City	St	ate	Zip Code	M		D	Y	Amount	
Dublin	0	Н	43017	1	0	2 9	0 9	100.	00
Full Name of Contributor		1 22		ment on more	*********	and the second second second	and the format of the second		
Full Name of Contributor Registration Number, if PAC Albert J. Iosue									
Street Address	Employe	er/Occupa	ation/Labor Organization	L		THE PERSON NAMED IN COLUMN		Form (Cash, Check, etc.)	O CONTROL OF THE PARTY OF THE P
5793 Walterway Drive	1	.						Check	
City	St	ate	Zip Code	М		D	ΤΥ	Amount	
Hilliard	0	H	43026	- 1		0 9	1		.00
Full Name of Contributor		1 1 1	10020				ber, if PA		.00
Thomas F. Calhoon II							,		
Street Address	Employe	ег/Оссира	ation/Labor Organization					Form (Cash, Check, etc.)	
3535 Fishinger Blvd., Suite 100	Limpio	o o o o o p o						Check	
City	St	ate	Zip Code	M	-	D	Y	Amount	
Hilliard		H	43026	1	1	0 9	1	l .	.00
Full Name of Contributor		11	1 30040			Samuel and the same		Section 200 Contract	.00
Kathleen Maggied Street Address	Employe	er/Occupa	ation/Labor Organization			(Form (Cash, Check, etc.)	
	Lempioye	л Оссира	montation Organization					1 ` ' ' '	
8982 Roberts Road City		tate	Zip Code	М		D	Y	Check Amount	
	1 _		43119			l .	1	ll .	00
Galloway		H	43117		1	0 9	0 9	30.	.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 \$ 855.00