

FOR PAPER FILING ONLY

Statement of Contributions Received

Page 1

Prescribed by Secretary of State 03/05

Name of Committee in Full Schuler for School Board							
Full Name of Contributor Mary M. Yost					Registration Number, if PAC		
Street Address 924 Riva Ridge Blvd.			Employer/Occupation/Labor Organization* 7			Form (Cash, Check, etc.) check	
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Kimberly Flasher					Registration Number, if PAC		
Street Address 5320 Ainsley Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Westerville	State OH <input checked="" type="radio"/>	Zip Code 43081	M 1	D 0	Y 2	Amount 500.00	
Full Name of Contributor Michael L. Bateson					Registration Number, if PAC		
Street Address 5601 Indian Hill Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH <input checked="" type="radio"/>	Zip Code 43017	M 1	D 0	Y 1	Amount 100.00	
Full Name of Contributor Thomas J. Hayes					Registration Number, if PAC		
Street Address 38640 Berkshire Ave.			Employer/Occupation/Labor Organization* NA			Form (Cash, Check, etc.) check	
City Avon	State OH <input checked="" type="radio"/>	Zip Code 44011	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Friends of Tom Patton/Tom Patton					Registration Number, if PAC		
Street Address 17157 Rabbit Run Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Strongsville	State OH <input checked="" type="radio"/>	Zip Code 44136	M 1	D 0	Y 2	Amount 500.00	
Full Name of Contributor Jill Schuler					Registration Number, if PAC		
Street Address 88 Highmeadow Dr.			Employer/Occupation/Labor Organization* NA			Form (Cash, Check, etc.) check	
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	M 1	D 0	Y 2	Amount 600.00	
Full Name of Contributor Scott Owens					Registration Number, if PAC		
Street Address 5372 Pine Valley Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City West Chester	State OH <input checked="" type="radio"/>	Zip Code 45069	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH <input checked="" type="radio"/>	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 2000.00