

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Cindy Crowe For School Board									
Full Name of Contributor Kimberly Inman						Registration Number, if PAC			
Street Address 8700 Bunch Flower Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 7	Y 11	Y 7	Amount 25.00		
Full Name of Contributor Beverly Good						Registration Number, if PAC			
Street Address 852 Watten Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0	D 7	Y 11	Y 7	Amount 20.00		
Full Name of Contributor Linda Powrie						Registration Number, if PAC			
Street Address 5746 Bulrush Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 7	Y 11	Y 7	Amount 50.00		
Full Name of Contributor Debbie Meissner						Registration Number, if PAC			
Street Address 5685 Medallion Dr. West			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 7	Y 11	Y 8	Amount 100.00		
Full Name of Contributor Chris Williams						Registration Number, if PAC			
Street Address 374 Windcroft Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 7	Y 11	Y 8	Amount 100.00		
Full Name of Contributor Jeff A. Will						Registration Number, if PAC			
Street Address 664 Deer Trail			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43082	M 0	D 7	Y 2	Y 1	Amount 25.00		
Full Name of Contributor Kathleen R. Paolini						Registration Number, if PAC			
Street Address 8997 Filizland			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0	D 7	Y 2	Y 0	Amount 25.00		
Full Name of Contributor Anita Kenworthy						Registration Number, if PAC			
Street Address 1029 Autumn Meadows Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 0	D 7	Y 2	Y 3	Amount 15.00		

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 360.00