

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Teater for Schools									
Full Name of Contributor Andrew S. Teater					Registration Number, if PAC				
Street Address 3709 Scioto Run Boulevard			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Cash		
City Hilliard		State O H	Zip Code 43026		M 0 1	D 3 0	Y 1 2	Amount 0.01	
Full Name of Contributor									
Registration Number, if PAC									
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor									
Registration Number, if PAC									
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
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City		State	Zip Code		M	D	Y	Amount	
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Registration Number, if PAC									
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

FRANKLIN COUNTY BOARD OF ELECTIONS

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* 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)