

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SWEA-EPAC						
Full Name of Contributor Ohio Education Association Fund For Children and Public Education					Registration Number, if PAC	
Street Address 225 East Broad Street, P.O. Box 2550			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43216	M 0	D 1	Y 0516
					Amount \$2,829.73	
Full Name of Contributor						
Street Address					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						
Street Address					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	

* 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)]