

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Jill Reardon for Trustee									
Full Name of Contributor Robert Oppenheimer							Registration Number, if PAC		
Street Address 811 Wackeman Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH	Zip Code 43081		M 0	D 7	Y 0	Amount \$100.00	
Full Name of Contributor Leo Hrinya							Registration Number, if PAC		
Street Address 170 Biery Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Seneca		State PA	Zip Code 16346		M 0	D 7	Y 1	Amount \$200.00	
Full Name of Contributor Robert Oppenheimer							Registration Number, if PAC		
Street Address 811 Wackeman Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH	Zip Code 43081		M 0	D 7	Y 1	Amount \$50.00	
Full Name of Contributor Kathryn Malone							Registration Number, if PAC		
Street Address 988 Circle on the Green			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 7	Y 2	Amount \$150.00	
Full Name of Contributor Robert Oppenheimer							Registration Number, if PAC		
Street Address 811 Wackeman Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH	Zip Code 43081		M 0	D 7	Y 3	Amount \$1,000.00	
Full Name of Contributor Ronald Hansen							Registration Number, if PAC		
Street Address 5429 Havenhill Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 8	Y 2	Amount \$125.00	
Full Name of Contributor Phyllis Greenberg							Registration Number, if PAC		
Street Address 1581 Harrison Pond Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City New Albany		State OH	Zip Code 43054		M 0	D 8	Y 2	Amount \$125.00	
Full Name of Contributor Cynthia Clum							Registration Number, if PAC		
Street Address 1803 Watertower Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 9	Y 0	Amount \$100.00	

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

Page Total **\$1,850.00**