

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|---|--|--|---|--|--------------------------|--|-----------------------------|--|-----------------------------|
| Name of Committee in Full Jill Reardon for Trustee | | | | | | | | | |
| Full Name of Contributor Melody L. Neely | | | | | | Registration Number, if PAC | | | |
| Street Address PO Box 143 | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | | |
| City Seneca | | | State PA | | Zip Code 16346 | | M D Y 0 5 1 1 1 7 | | Amount \$100.00 |
| Full Name of Contributor Lindsey D'andrea | | | | | | Registration Number, if PAC | | | |
| Street Address 926 Highview Dr. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | | |
| City Columbus | | | State OH | | Zip Code 43235 | | M D Y 0 5 1 3 1 7 | | Amount \$100.00 |
| Full Name of Contributor Megan Gonzalez | | | | | | Registration Number, if PAC | | | |
| Street Address 1367 Oakview Dr. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | | |
| City Columbus | | | State OH | | Zip Code 43235 | | M D Y 0 5 2 2 1 7 | | Amount \$150.00 |
| Full Name of Contributor Heidi Shiffer | | | | | | Registration Number, if PAC | | | |
| Street Address 816 Mission Hills Ln | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | | |
| City Columbus | | | State OH | | Zip Code 43235 | | M D Y 0 5 3 1 1 7 | | Amount \$100.00 |
| Full Name of Contributor Michele Gilley | | | | | | Registration Number, if PAC | | | |
| Street Address 1477 Candlewood Dr. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | | |
| City Columbus | | | State OH | | Zip Code 43235 | | M D Y 0 6 1 3 1 7 | | Amount \$100.00 |
| Full Name of Contributor Contributions from form No. 31-E | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| City OH | | | State | | Zip Code | | M D Y 0 5 1 2 1 7 | | Amount \$2,250.00 |
| Full Name of Contributor Tara Schumacher | | | | | | Registration Number, if PAC | | | |
| Street Address 330 W Spring St Suite 105 | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | | |
| City Columbus | | | State OH | | Zip Code 43215 | | M D Y 0 5 1 2 1 7 | | Amount \$50.00 |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| City OH | | | 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)]

Page Total **\$2,850.00**