

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Doug Maggied for School Board							
Full Name of Contributor Mr. Mark Hutchinson						Registration Number, if PAC	
Street Address 5537 Mossy Creek Dr			Employer/Occupation/Labor Organization* State of Ohio			Form (Cash, Check, etc.) Check	
City Dublin		State O H	Zip Code 43016	M 1 1	D 0 7	Y 1 1	Amount 50.00
Full Name of Contributor Mr. & Mrs. Andy Teater						Registration Number, if PAC	
Street Address 3837 Dayspring Dr			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Hilliard		State O H	Zip Code 43026	M 1 1	D 0 1	Y 1 1	Amount 200.00
Full Name of Contributor Mr & Mrs Norm McElheny						Registration Number, if PAC	
Street Address 3825 Dayspring Dr			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Hilliard		State O H	Zip Code 43026	M 1 0	D 0 1	Y 1 1	Amount 50.00
Full Name of Contributor Mr James Joyce						Registration Number, if PAC	
Street Address 801 Thorncrest Ct			Employer/Occupation/Labor Organization* Children's Hosp			Form (Cash, Check, etc.) Check	
City Galloway		State O H	Zip Code	M 1 0	D 3 0	Y 1 1	Amount 100.00
Full Name of Contributor Mr James Joyce						Registration Number, if PAC	
Street Address 3770 Ridgemill Rd			Employer/Occupation/Labor Organization* Construction Mgr			Form (Cash, Check, etc.) Check	
City Hilliard		State O H	Zip Code 43026	M 1 0	D 3 0	Y 1 1	Amount 100.00
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
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

* 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 \$ 500.00