

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Jill Reardon for Trustee									
Full Name of Contributor Jill Reardon						Registration Number, if PAC			
Street Address 923 Highview Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 3	Y 1	Y 0	Amount \$25.00
Full Name of Contributor Suzanne Sippel						Registration Number, if PAC			
Street Address 939 Highview Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 4	Y 2	Y 4	Amount \$100.00
Full Name of Contributor Edward B. Cowart						Registration Number, if PAC			
Street Address PO Box 928			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Oil City		State PA	Zip Code 16301		M 0	D 4	Y 2	Y 5	Amount \$50.00
Full Name of Contributor Timothy W. Reardon						Registration Number, if PAC			
Street Address 5975 Griffiths Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell		State OH	Zip Code 43065		M 0	D 4	Y 2	Y 9	Amount \$250.00
Full Name of Contributor Mary B. Greenlee						Registration Number, if PAC			
Street Address 878 Blind Brook Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 5	Y 0	Y 2	Amount \$60.00
Full Name of Contributor Christine D. Held						Registration Number, if PAC			
Street Address 800 Mission Hills Ln.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 5	Y 0	Y 2	Amount \$50.00
Full Name of Contributor Karin S. Pack						Registration Number, if PAC			
Street Address 907 Highview Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 5	Y 0	Y 6	Amount \$100.00
Full Name of Contributor Melodye L. Neely						Registration Number, if PAC			
Street Address 174 Biery Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Seneca		State PA	Zip Code 16346		M 0	D 5	Y 1	Y 1	Amount \$200.00

* 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)]