

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Plain Local Education Association Political Action Committee							
Full Name of Contributor				Registration Number, if PAC			
Doug Hicks							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
957 Lang Dr.				CK			
City		State	Zip Code	M	D	Y	Amount
Gahanna		OH	43230	1	0	8	10.00
Full Name of Contributor				Registration Number, if PAC			
Linda Lichtman							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
P.O. Box 91008				CK			
City		State	Zip Code	M	D	Y	Amount
Gahanna		OH	43209	1	0	8	30.00
Full Name of Contributor				Registration Number, if PAC			
Karen Windle							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
3560 Paris Blvd				Cash			
City		State	Zip Code	M	D	Y	Amount
Westerville		OH	43081	1	0	8	20.00
Full Name of Contributor				Registration Number, if PAC			
Syndi Zimmerman							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
4009 Declaratin Dr				check			
City		State	Zip Code	M	D	Y	Amount
Columbus		OH	43230	1	0	8	20.00
Name of Contributor				Registration Number, if PAC			
Jonathan Braund							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
1007 Oregon Ave				Cash			
City		State	Zip Code	M	D	Y	Amount
Columbus		OH	43201	1	0	8	5.00
Full Name of Contributor				Registration Number, if PAC			
Christy Robbins							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
655 Penbrook St.				Cash			
City		State	Zip Code	M	D	Y	Amount
Westerville		OH	43082	1	0	8	20.00
Full Name of Contributor				Registration Number, if PAC			
Jaime Slane							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
1641 Shale Run Dr.				Cash			
City		State	Zip Code	M	D	Y	Amount
Delaware		OH	43015	1	0	8	20.00
Full Name of Contributor				Registration Number, if PAC			
Denara Kahl							
Street Address		Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)			
8380 Morningdew Dr				CK			
City		State	Zip Code	M	D	Y	Amount
Reynoldsburg		OH	43068	1	0	8	20.00

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)]