

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | |
|---|----------------------|--|---------------|---|---------------------|
| Name of Committee in Full Sanford For Schools | | | | | |
| Full Name of Contributor Justin Sanford | | | | Registration Number, if PAC | |
| Street Address 1748 Harrison Pond Dr | | Employer/Occupation/Labor Organization * | | Form (Cash, Check, etc.) <small>Transfer from personal account</small> | |
| City New Albany | State OH | Zip Code 43054 | M 0 | D 7 | Y 2 7 1 5 |
| | | | | Amount \$1,000.00 | |
| Full Name of Contributor Brenda Moore | | | | Registration Number, if PAC | |
| Street Address 1755 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 1 4 1 5 |
| | | | | Amount \$25.00 | |
| Full Name of Contributor Phil Koppel | | | | Registration Number, if PAC | |
| Street Address 118 Academy Woods Dr | | Employer/Occupation/Labor Organization * | | Form (Cash, Check, etc.) Cash | |
| City Gahanna | State OH | Zip Code 43230 | M 0 | D 8 | Y 2 3 1 5 |
| | | | | Amount \$100.00 | |
| Full Name of Contributor Kelly Law | | | | Registration Number, if PAC | |
| Street Address 857 Moon Glow Ct | | Employer/Occupation/Labor Organization * | | Form (Cash, Check, etc.) check | |
| City Gahanna | State OH | Zip Code 43230 | M 0 | D 9 | Y 1 4 1 5 |
| | | | | Amount \$50.00 | |
| Full Name of Contributor Tom Kneeland | | | | Registration Number, if PAC | |
| Street Address 123 Serran Dr | | Employer/Occupation/Labor Organization * | | Form (Cash, Check, etc.) Check | |
| City Gahanna | State OH | Zip Code 43230 | M 0 | D 9 | Y 2 8 1 5 |
| | | | | Amount \$100.00 | |
| Full Name of Contributor Ronald Anderson | | | | Registration Number, if PAC | |
| Street Address 3310 Longstreth Park Pl | | Employer/Occupation/Labor Organization * | | Form (Cash, Check, etc.) Check | |
| City Gahanna | State Ohio | Zip Code 43230 | M 0 | D 9 | Y 2 9 1 5 |
| | | | | Amount \$100.00 | |
| Full Name of Contributor Yvette McGee Brown | | | | Registration Number, if PAC | |
| Street Address 643 Crossing Creek S | | Employer/Occupation/Labor Organization * | | Form (Cash, Check, etc.) check | |
| City Gahanna | State OH | Zip Code 43230 | M 1 | D 0 | Y 0 4 1 5 |
| | | | | Amount \$300.00 | |
| Full Name of Contributor Robert Taylor | | | | Registration Number, if PAC | |
| Street Address 585 Tall Oaks Dr | | Employer/Occupation/Labor Organization * | | Form (Cash, Check, etc.) check | |
| City Gahanna | State Oh | Zip Code 43230 | M 1 | D 0 | Y 0 4 1 5 |
| | | | | 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 **\$1,775.00**