

FOR PAPER FILING ONLY

Statement of Contributions Received

Page _____

Prescribed by Secretary of State 03/05

Reset Form

Name of Committee in Full The Committee To Elect Aaron Moore Into The Dublin Board Of Education									
Full Name of Contributor Lisa Wallschlaeger						Registration Number, if PAC			
Street Address 89-9 Glassford Ct. North				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH <input checked="" type="radio"/>		Zip Code 43016		M 0		D 8	
						Y 1		Amount 40.00	
Full Name of Contributor Denise Gorden						Registration Number, if PAC			
Street Address 7866 Harriott Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Plain City		State OH <input checked="" type="radio"/>		Zip Code 45064		M 1		D 1	
						Y 2		Amount 75.00	
Full Name of Contributor Robert Gibson						Registration Number, if PAC			
Street Address 5678 Rothesay Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH <input checked="" type="radio"/>		Zip Code 43017		M 1		D 1	
						Y 2		Amount 100.00	
Full Name of Contributor Roger Gorden						Registration Number, if PAC			
Street Address 7866 Harriott Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Plain City		State OH <input checked="" type="radio"/>		Zip Code 45064		M 1		D 1	
						Y 2		Amount 75.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH <input checked="" type="radio"/>		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 OH <input checked="" type="radio"/>		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 OH <input checked="" type="radio"/>		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 OH <input checked="" type="radio"/>		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)]

Print Form

Page Total **290.00**