

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Halliday for School Board					
Full Name of Contributor Craig A. Halliday				Registration Number, if PAC	
Street Address 2414 Sherwood Rd.		Employer/Occupation/Labor Organization* AG Edwards		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 09	D 12	Y 07
			Amount 300.00		
Full Name of Contributor Betty Custer				Registration Number, if PAC	
Street Address 77 Stanbery Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 09	D 26	Y 07
			Amount 100.00		
Full Name of Contributor Alice Hunt				Registration Number, if PAC	
Street Address 2630 Brentwood Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 09	D 26	Y 07
			Amount 25.00		
Full Name of Contributor Tom and Lynn Ryan				Registration Number, if PAC	
Street Address 265 Stanbery Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 09	D 26	Y 07
			Amount 25.00		
Full Name of Contributor Jeff and Debbie Meyer				Registration Number, if PAC	
Street Address 195 S. Columbia Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 09	D 26	Y 07
			Amount 50.00		
Full Name of Contributor Benjamin Zox				Registration Number, if PAC	
Street Address 505 S. Parkview Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 09	D 26	Y 07
			Amount 100.00		
Full Name of Contributor David and Heidi Anderson				Registration Number, if PAC	
Street Address 125 Ashbourne Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 09	D 26	Y 07
			Amount 25.00		
Full Name of Contributor Michael and Bev Sapienza				Registration Number, if PAC	
Street Address 64 N. Ardmore		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 09	D 26	Y 07
			Amount 30.00		

* 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)]