

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page _____

Reset Form

Name of Committee in Full The Committee To Elect Aaron Moore Into The Dublin Board Of Education									
Full Name of Contributor Sarah Anthony						Registration Number, if PAC			
Street Address 5890 Haddler Ct.			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 100.00	
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 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	

* 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 **100.00**