

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee (in Full) HALLIDAY for School Board							
Full Name of Contributor Norman & Betty Ann Wernet						Registration Number, if PAC	
Street Address 2585 Bexley Park Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 11	D 01	Y 07	Amount 30.00	
Full Name of Contributor Dana & Marcy Leeds						Registration Number, if PAC	
Street Address 341 S. Cassingham Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 10	D 18	Y 07	Amount 25.00	
Full Name of Contributor Sharon K. Cohodes						Registration Number, if PAC	
Street Address 57 Ashbourne Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 10	D 19	Y 07	Amount 100.00	
Full Name of Contributor Sheila & Edward Straub						Registration Number, if PAC	
Street Address 176 S. Stanwood Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 11	D 19	Y 07	Amount 25.00	
Full Name of Contributor Lawrence G. & Molly H. Ruben						Registration Number, if PAC	
Street Address 140 S. Columbia Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 11	D 23	Y 07	Amount 100.00	
Full Name of Contributor Taylor Financial Management						Registration Number, if PAC	
Street Address 2700 E Main St.		Employer/Occupation/Labor Organization* James H. Taylor				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 10	D 24	Y 07	Amount 50.00	
Full Name of Contributor Columbus messengers (refund)						Registration Number, if PAC	
Street Address 3500 Sullivant Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43204	M 11	D 11	Y 11	Amount 50.40	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	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)]

Page Total

380.40