

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Douglass For School Board							
Full Name of Contributor Greg Berning						Registration Number, if PAC	
Street Address 1105 Lincoln Rd.			Employer/Occupation/Labor Organization*			Form (Cash, <u>Check</u> , etc.) 4201	
City Grandview Heights		State OH	Zip Code 43212	M 1	D 0	Y 1809	Amount 100.00
Full Name of Contributor Robert Short						Registration Number, if PAC	
Street Address 1533 Wyandotte Rd.			Employer/Occupation/Labor Organization*			Form (Cash, <u>Check</u> , etc.) 4962	
City Columbus,		State OH	Zip Code 43212	M 1	D 0	Y 1809	Amount 100.00
Full Name of Contributor William Childs						Registration Number, if PAC	
Street Address 1264 Hope Ave			Employer/Occupation/Labor Organization*			Form (Cash, <u>Check</u> , etc.) 2500	
City Columbus		State OH	Zip Code 43212	M 1	D 0	Y 1509	Amount 50.00
Full Name of Contributor Adam Miller						Registration Number, if PAC	
Street Address 1301 Murrell Ave.			Employer/Occupation/Labor Organization*			Form (Cash, <u>Check</u> , etc.) 5612	
City Columbus		State OH	Zip Code 43212	M 1	D 0	Y 0509	Amount 100.00
Full Name of Contributor Matthew Cincione						Registration Number, if PAC	
Street Address 1228 Cambridge Ave.			Employer/Occupation/Labor Organization*			Form (Cash, <u>Check</u> , etc.) 1394	
City Columbus		State OH	Zip Code 43212	M 1	D 0	Y 1809	Amount 50.00
Full Name of Contributor Mark Snider						Registration Number, if PAC	
Street Address 1342 Lincoln Rd.			Employer/Occupation/Labor Organization*			Form (Cash, <u>Check</u> , etc.) 6105	
City Columbus		State OH	Zip Code 43212	M 1	D 0	Y 1809	Amount 25.00
Full Name of Contributor Richard Broderick						Registration Number, if PAC	
Street Address 1286 Wyandotte Rd.			Employer/Occupation/Labor Organization*			Form (Cash, <u>Check</u> , etc.) 2047	
City Grandview Heights		State OH	Zip Code 43212	M 1	D 0	Y 1809	Amount 25.00
Full Name of Contributor Linus Modich						Registration Number, if PAC	
Street Address 1205 Elmwood Ave.			Employer/Occupation/Labor Organization*			Form (Cash, <u>Check</u> , etc.) 3243	
City Columbus		State OH	Zip Code 43212	M 1	D 0	Y 1509	Amount 50.00

* 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 \$ **500.00**