

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
MELODY FOR DUBLIN SCHOOL BOARD									
Full Name of Contributor							Registration Number, if PAC		
JANICE L. MATHYS									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
204 WINDWOOD PT							CHECK		
City				State		Zip Code		M D Y	
M'CORMICK				OH SC		29835		09 15 07	
Amount							\$30.-		
Full Name of Contributor							Registration Number, if PAC		
ROBERT E. FATHMAN									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5805 TARTON CIR. N.							CHECK		
City				State		Zip Code		M D Y	
DUBLIN				OH		43017		09 15 07	
Amount							\$100.-		
Full Name of Contributor							Registration Number, if PAC		
DOROTHY W. MELODY									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4300 WESTFORD PL.							CHECK		
City				State		Zip Code		M D Y	
CANFIELD				OH		44406		09 15 07	
Amount							\$100.-		
Full Name of Contributor							Registration Number, if PAC		
JAMES MAURER									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5821 TARTON CIR. N.							CHECK		
City				State		Zip Code		M D Y	
DUBLIN				OH		43017		10 02 07	
Amount							\$100.-		
Full Name of Contributor							Registration Number, if PAC		
M. THOMPSON									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
10681 WINCHCOMBE DR.							CHECK		
City				State		Zip Code		M D Y	
DUBLIN				OH		43016		10 02 07	
Amount							\$25.-		
Full Name of Contributor							Registration Number, if PAC		
MARY ANN F. CAMPBELL									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6192 GREY FRIAR WAY							CHECK		
City				State		Zip Code		M D Y	
DUBLIN				OH		43017		10 02 07	
Amount							\$25.-		
Full Name of Contributor							Registration Number, if PAC		
CATHLEEN C. SLECH									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5912 TARTON CIR. S.							CHECK		
City				State		Zip Code		M D Y	
DUBLIN				OH		43017		10 02 07	
Amount							\$50.-		
Full Name of Contributor							Registration Number, if PAC		
ROBERT J. ROBERTS									
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5790 TARTON CIR. N.							CHECK		
City				State		Zip Code		M D Y	
DUBLIN				OH		43017		10 02 07	
Amount							\$50.-		

* 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 \$0.00 480.-