

# FOR PAPER FILING ONLY

## Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Reset Form

|                                                                                                           |  |                                                     |                                         |                          |  |                                         |  |                        |  |
|-----------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|-----------------------------------------|--------------------------|--|-----------------------------------------|--|------------------------|--|
| Name of Committee in Full<br><b>The Committee To Elect Aaron Moore Into The Dublin Board Of Education</b> |  |                                                     |                                         |                          |  |                                         |  |                        |  |
| Full Name of Contributor<br><b>Leah Relko</b>                                                             |  |                                                     |                                         |                          |  | Registration Number, if PAC             |  |                        |  |
| Street Address<br><b>11120 Sylvain Dr</b>                                                                 |  |                                                     | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>Cash</b> |  |                        |  |
| City<br><b>Dublin</b>                                                                                     |  | State<br><b>OH</b> <input checked="" type="radio"/> |                                         | Zip Code<br><b>43017</b> |  | M D Y<br><b>0 8 0 4 0 9</b>             |  | Amount<br><b>10.00</b> |  |
| Full Name of Contributor<br><b>Julie Seel</b>                                                             |  |                                                     |                                         |                          |  | Registration Number, if PAC             |  |                        |  |
| Street Address<br><b>6187 Memorial Dr</b>                                                                 |  |                                                     | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>Cash</b> |  |                        |  |
| City<br><b>Dublin</b>                                                                                     |  | State<br><b>OH</b> <input checked="" type="radio"/> |                                         | Zip Code<br><b>43017</b> |  | M D Y<br><b>0 8 0 4 0 9</b>             |  | Amount<br><b>20.00</b> |  |
| Full Name of Contributor<br><b>Aaron Moore</b>                                                            |  |                                                     |                                         |                          |  | Registration Number, if PAC             |  |                        |  |
| Street Address<br><b>8127 Aston Way</b>                                                                   |  |                                                     | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>Cash</b> |  |                        |  |
| City<br><b>Dublin</b>                                                                                     |  | State<br><b>OH</b> <input checked="" type="radio"/> |                                         | Zip Code<br><b>43016</b> |  | M D Y<br><b>0 8 0 4 0 9</b>             |  | Amount<br><b>5.00</b>  |  |
| Full Name of Contributor<br><b>Sarah Wallschlaeger</b>                                                    |  |                                                     |                                         |                          |  | Registration Number, if PAC             |  |                        |  |
| Street Address<br><b>8908 Glassford Ct North</b>                                                          |  |                                                     | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>Cash</b> |  |                        |  |
| City<br><b>Dublin</b>                                                                                     |  | State<br><b>OH</b> <input checked="" type="radio"/> |                                         | Zip Code<br><b>43017</b> |  | M D Y<br><b>0 8 0 4 0 9</b>             |  | Amount<br><b>20.00</b> |  |
| Full Name of Contributor<br><b>Jennifer Podelco</b>                                                       |  |                                                     |                                         |                          |  | Registration Number, if PAC             |  |                        |  |
| Street Address<br><b>8266 McKittrick Rd</b>                                                               |  |                                                     | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>Cash</b> |  |                        |  |
| City<br><b>Plain City</b>                                                                                 |  | State<br><b>OH</b> <input checked="" type="radio"/> |                                         | Zip Code<br><b>43064</b> |  | M D Y<br><b>0 8 0 4 0 9</b>             |  | Amount<br><b>10.00</b> |  |
| Full Name of Contributor<br><b>Chad Holcomb</b>                                                           |  |                                                     |                                         |                          |  | Registration Number, if PAC             |  |                        |  |
| Street Address<br><b>6369 Wyler Dr</b>                                                                    |  |                                                     | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>Cash</b> |  |                        |  |
| City<br><b>Dublin</b>                                                                                     |  | State<br><b>OH</b> <input checked="" type="radio"/> |                                         | Zip Code<br><b>43016</b> |  | M D Y<br><b>0 8 0 4 0 9</b>             |  | Amount<br><b>5.00</b>  |  |
| Full Name of Contributor<br><b>Samantha Welch</b>                                                         |  |                                                     |                                         |                          |  | Registration Number, if PAC             |  |                        |  |
| Street Address<br><b>5470 Gordon Way</b>                                                                  |  |                                                     | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>Cash</b> |  |                        |  |
| City<br><b>Dublin</b>                                                                                     |  | State<br><b>OH</b> <input checked="" type="radio"/> |                                         | Zip Code<br><b>43017</b> |  | M D Y<br><b>0 8 0 4 0 9</b>             |  | Amount<br><b>10.00</b> |  |
| Full Name of Contributor<br><b>Kristin Moore</b>                                                          |  |                                                     |                                         |                          |  | Registration Number, if PAC             |  |                        |  |
| Street Address<br><b>8127 Aston Way</b>                                                                   |  |                                                     | Employer/Occupation/Labor Organization* |                          |  | Form (Cash, Check, etc.)<br><b>Cash</b> |  |                        |  |
| City<br><b>Dublin</b>                                                                                     |  | State<br><b>OH</b> <input checked="" type="radio"/> |                                         | Zip Code<br><b>43016</b> |  | M D Y<br><b>0 8 0 4 0 9</b>             |  | Amount<br><b>10.00</b> |  |

\* 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 **90.00**