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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

New Committee in Full						_		<u>_</u>		
Name of Committee in Full  Molanday for Deshlip School Board								,		
Melody for Dublin School Board				In.	-2' XT	.L. 'CD'				
Full Name of Contributor					аноп МП	nber, if PA	ıc			
Larry Burkett				<u> </u>						
Street Address	Employe	л/Оссира	tion/Labor Organization*				Form (Cash, Chec	ck, etc.)		
5776 Duddingston Dr							Cash			
City	Sı	ate	Zip Code	М	D	Y	Amount			
Dublin	0	H	40317	110	2   8	0 7		50.00		
Full Name of Contributor				Registr	ation Nu	nber, if PA	\C			
Mathew Voedish										
Street Address	Employe	r/Occupa	tion/Labor Organization*	•			Form (Cash, Chec	k, etc.)		
1297 Ashland Ave							Cash			
City City	Si	ate	Zip Code	М	D	Ý	Amount			
Grandview	lo	H	43212	110	1218	017		30.00		
		,	40212					00.00		
Full Name of Contributor Registration Number, if PAC										
G	In.	10	4-8-1-0	<b>L</b>			Form (Cash, Che	rk eta)		
Street Address	Employ	er/Occupa	ntion/Labor Organization*				Form (Cash, Che	ek, etc.)		
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City	S	ate	Zip Code	I M	D	Y	Amount			
		<u> </u>								
Full Name of Contributor				Registi	ation Nu	nber, if PA	AC			
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Street Address	Employ	er/Occup	ation/Labor Organization*	•			Form (Cash, Che	ck, etc.)		
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City	- <del> </del>   Si	tate	Zip Code	M	D	Y	Amount			
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Full Name of Contributor		<u> </u>	<u> </u>	Pariet	ntion Mu	nber, if P	<u> </u>			
rui Name oi Commonor				Negisi	ацов гчи	шост, ш т г				
	In .						5 (0   6   1   )			
Street Address	Employ	ет/Оссира	ation/Labor Organization*				rorm (Cash, Che	Form (Cash, Check, etc.)		
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City	S	tate	Zip Code	M	D	Y	Amount			
		<u>                                      </u>								
Full Name of Contributor				Regist	ration Nu	mber, if P	AC .			
Street Address	Employer/Occupation/Labor Organization®						Form (Cash, Check, etc.)			
City	<del>-   - s</del>	tate	Zip Code	Тм	D	Y	Amount			
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Full Name of Contributor		<del>!</del>		Regist	ration Nu	mber, if P	AC.			
Pull Name of Commounds				Neges.	I GLOOD I VO					
	lri	(0)		Ь			Form (Cash, Che	ok etc.)		
Street Address	Employer/Occupation/Labor Organization*				rom (Cash, Ch					
			T	1	<del></del>	T	<del> </del>			
City	l s	tate	Zip Code	М	D	Y	Amount			
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Full Name of Contributor Registration Number, if PAC										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
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City	-   s	tate	Zip Code	М	D	Y	Amount			
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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 appear. [R.C. 3517.10(B)(4)]

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Page	Total	\$ 80.00	