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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	·		_			
Citizens for a Strong Gahanna						
Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA	C
Thomas J. Wester			1			<u></u>
Street Address	Employer/Occupa	ntion/Labor Organization*	•			Form (Cash, Check, etc.)
888 Ludwig Drive						Check
City	State	Zîp Code	М	D	Y	Amount
Gahanna	O+H	43230	018			50.00
Full Name of Contributor		<u> </u>		tion Num	ber, if PA	C
Thomas R. Kneeland			L_			
Street Address	Employer Occupa	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
123 Serran Drive		_				Check
City	State	Zip Code	М	D	Y	Amount
Gahanna	OIH	43230	018	1 9	1 3	50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Nickolas Savko & Sons Inc						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
4636 Shuster Road	1					Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OIH	43214	0 8	2 8	1 3	3,000.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Glaus, Pyle, Schomer, Burns & Dehav	en Inc					
Street Address		ation/Labor Organization*				Form (Cash, Check, etc.)
520 South Main Street, Suite 2531						Check
City	State	Zip Code	М	D	Y	Amount
Akron	O H	44311		0 4		1,000.00
Full Name of Contributor		-	Registra	ation Num	ber, if PA	i.C
James T. Watkins	_					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
7854 Astra Circle	Watson	Consulting Engin	<u>eers/</u> E	ngine	eer	Check
City	State	Zip Code	M	D	Y	Amount
Revnoldsburg	O + H	43068		1 0	1 3	
Full Name of Contributor			Registra	ation Nur	iber, if PA	AC .
Bryan Doug Howell						
Street Address	Employer/Occup	ation Labor Organization*				Form (Cash, Check, etc.)
8572 Button Bush Lane	Shelly a	nd Sands/VP Con	struct	ion		Check
City	State	Zip Code	М	D	Y	Amount
Westerville	0   H	43082	0 9	1 6	13	<u>1,000.00</u>
Full Name of Contributor			Registr	ation Nun	ber, if P	VC.
Columbus Asphalt Paving Inc						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1196 Technology Drive				.,		Check
City	State	Zip Code	M	D	Y	Amount
Gahanna	OIH	43230	019			
Full Name of Contributor			Registr	ation Nun	nber, if PA	AC
Eric R. Miller						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
588 Wickham Way					Check	
City	State	Zip Code	M	D .	Y	Amount
Gahanna	OLH	43230	019			
Service of the service of the individuals over \$100 to statewide and a	oneral assembly cand	lidates. If contributor is self-emi	ployed the	occupation	on and the	name of the

\* 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 payroli 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)]

Page Total 5 6,150.00	Page Total 5	6,150.00
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