Page	1	
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

4 :						
Citizens for Gahanna Parks and Recreation Full Name of Contributor			Registration Number of PAC			
				,		
Employer/Occur	oation/Labor Organization*				Form (Cash, Check, etc.	.)
' '	-				Cash	
State	Zip Code	Тм	D	Y	Amount	
OH	43054	018	014	1   5	100.	.00
New Albany         O   H   43054         0   8   0   4   1   5           100.0           ull Name of Contributor         Registration Number, if PAC						
		l				
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.	)	
					Check	
State	<sup>-</sup>	M	D	Y	Amount	
О   Н	43055				500.	.00
		Registra	ntion Nu	mber, if P	AC	
To					In (0.1.0)	
Employer/Occup	nation/Labor Organization*				1	
E4-1-	12:- C-1-	Lv	<u> </u>	1 0		
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loin	1 43054					.50
		icegisc.	4,001,140	шо, и г	710	
Tom Hanson    Form (Cash, Check, etc.)   Form (Cash, Check, etc.)					.)	
рациоусноссиранов какол отданиваем			Check			
State	Zip Code	М	D	Y	Amount	
ОН	43230	1110	1 12	1 1 5	25.	.00
.L						
OHM Advisors						
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
					Check	
State	Zip Code	М	D	Y	Amount	
OH	43215				1,000.	.00
Full Name of Contributor Registration Number, if PAC						
Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.	)		
	7:- C-1-	1 14	<u> </u>	ΙV	A	
State	Zip Code	"	"	'	Amount	
		Registra	ution Nu	mber if P	AC	
		1.00				i
Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.	)
23mpRoyerOccupation Later Organization 1 cm (Casa, Circus, Cac.)						
State	Zip Code	М	D	Y	Amount	
		1		1 1	}	ļ
Full Name of Contributor Registration Number, if PAC					_	
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.	.)		
State	Zip Code	М	D	Y	Amount	
					<u> </u>	
	Employer/Occup  State O   H  Employer/Occup	Employer/Occupation/Labor Organization*  State Zip Code O   H 43054  Employer/Occupation/Labor Organization*  State Zip Code O   H 43055  Employer/Occupation/Labor Organization*  State Zip Code O   H 43054  Employer/Occupation/Labor Organization*  State Zip Code O   H 43230  Employer/Occupation/Labor Organization*  State Zip Code O   H 43215  Employer/Occupation/Labor Organization*  State Zip Code O   H 43215  Employer/Occupation/Labor Organization*  State Zip Code    Zip Code	Employer/Occupation/Labor Organization*  State   Zip Code   M   O   8   Registrate   Zip Code   M   O   9   Registrate   Zip Code   M   Zip Code   Zip Code   M   Zip Code   M   Zip Code   M   Zip Code   Zip Code   M   Zip Code   Zip Code   Zip Code   M   Zip Code   Zip	Employer/Occupation/Labor Organization*  State Zip Code M D A Bold Registration Number of State Zip Code D H A State Zip Code D D D D D D D D D D D D D D D D D D D	Employer/Occupation/Labor Organization*  State Zip Code O H 43054 O 8 0 4 1 15  Registration Number, if P  Employer/Occupation/Labor Organization*  State Zip Code O H 43055 Registration Number, if P  Employer/Occupation/Labor Organization*  State Zip Code O H 43054 O 9 2 9 1 5  Registration Number, if P  Employer/Occupation/Labor Organization*  State Zip Code M D Y O 9 2 9 1 5  Registration Number, if P  Employer/Occupation/Labor Organization*  State Zip Code M D Y O 9 2 1 5  Registration Number, if P  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization*

Page Total \$	1,626.50

<sup>\*</sup> 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)]