

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee or Full Name of Contributor Tim Warbel for City Council								Registration Number, if PAC	
Full Name of Contributor Robert Wood				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
Street Address PO Box 575				City Canal Winchester		State OH		Zip Code 43110	
				M 08		D 28		Y 15	
				Amount 250⁰⁰					
Full Name of Contributor Mike Hummel								Registration Number, if PAC	
Street Address 9400 Bowers Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Canal Winchester				State OH		Zip Code 43110			
				M 09		D 12		Y 15	
				Amount 300⁰⁰					
Full Name of Contributor Grim Hummel								Registration Number, if PAC	
Street Address 1895 Windesern Southern Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Canal Winchester				State OH		Zip Code 43110			
				M 09		D 13		Y 15	
				Amount 20⁰⁰					
Full Name of Contributor Mark Hannah								Registration Number, if PAC	
Street Address 7019 Greensview V. Hage Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Canal Winchester				State OH		Zip Code 43110			
				M 10		D 13		Y 15	
				Amount 50⁰⁰					
Full Name of Contributor Karen Stiles								Registration Number, if PAC	
Street Address 323 N. Sarwil				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Canal Winchester				State OH		Zip Code 43110			
				M 10		D 13		Y 15	
				Amount 50⁰⁰					
Full Name of Contributor								Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City				State		Zip Code		Amount	
				M		D		Y	
				Amount					
Full Name of Contributor								Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City				State		Zip Code		Amount	
				M		D		Y	
				Amount					
Full Name of Contributor								Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City				State		Zip Code		Amount	
				M		D		Y	
				Amount					

* 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 \$ **670⁰⁰**