

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Uttley</b>						
Full Name of Contributor <b>Committee to Elect Donald Schonhardt</b>				Registration Number, if PAC		
Street Address <b>5307 Franklin St.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>4</b>	Y <b>3 0 1 3</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>Thomas Calhoon II</b>				Registration Number, if PAC		
Street Address <b>3535 Fishinger Blvd, Suite 100</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>5</b>	Y <b>1 0 1 3</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>BIA Build PAC of Central Ohio</b>				Registration Number, if PAC		
Street Address <b>495 Executive Campus Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	M <b>0</b>	D <b>5</b>	Y <b>0 2 1 3</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>John W. Uttley, III</b>				Registration Number, if PAC		
Street Address <b>4177 Stoneroot Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>5</b>	Y <b>3 1 1 3</b>	Amount <b>\$2,050.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	Zip Code	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 **\$3,350.00**