

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR HAMILTON TWP. FIRE LEVY							
Full Name of Contributor BUSTY'S TOWING SERVICE, INC.						Registration Number, if PAC N/A	
Street Address 4845 OBETZ-REESE RD.		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) CK #47170	
City COLUMBUS	State OH	Zip Code 43207	M 1	D 0	Y 2	Amount \$200.00	
Full Name of Contributor CAPITOL CITY TRAILERS, INC.						Registration Number, if PAC N/A	
Street Address 3960 GROVEPORT RD.		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) CK #2568	
City OBETZ	State OH	Zip Code 43207	M 1	D 0	Y 2	Amount \$500.00	
Full Name of Contributor STEPTOE & JOHNSON, PLLC.						Registration Number, if PAC N/A	
Street Address HUNTINGTON CENTER - Suite 2200 41 S. HIGH ST.		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) CK #4480	
City COLUMBUS	State OH	Zip Code 43215	M 1	D 0	Y 2	Amount \$500.00	
Full Name of Contributor DONALD F. BROSIUS						Registration Number, if PAC N/A	
Street Address 2481 SHERWOOD RD.		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) CK #1268	
City COLUMBUS	State OH	Zip Code 43209	M 1	D 0	Y 2	Amount \$500.00	
Full Name of Contributor CHARLES C. HANN						Registration Number, if PAC N/A	
Street Address 4600 LOCKBOURNE RD.		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) CASH	
City COLUMBUS	State OH	Zip Code 43207	M 1	D 0	Y 2	Amount \$100.00	
Full Name of Contributor HOWARD HAHN						Registration Number, if PAC N/A	
Street Address 1279 BOHR RD.		Employer/Occupation/Labor Organization* N/A				Form (Cash, Check, etc.) CASH	
City LOCKBOURNE	State OH	Zip Code 43137	M 1	D 0	Y 2	Amount \$200.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	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	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)]