Statement of Contributions Received

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Page		_

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Renew Blendon	Township Police Levy	,					
Full Name of Contributor	TOWNSHIP TORCE LEVY		Registra	tion Num	ber, if P/	\C	
Stewart Flaherty							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
577A Office Parkway						check	
City Westerville	State OH	Zip Code 43082	1 1	D ₁	1 1	Amount \$150.00	
Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if P/	AĆ	
Jan Heichel			ľ				
Street Address	Employer/Occu	pation/Labor Organization		_		Form (Cash, Check, etc.)	
5576 Santiago Dr.	Zimpio) tii Otou	patron outor organization				cash	
City	State	Zip Code	M	D,	Y	Amount	
Westerville	OH	43081	1 1	ρβ	1 1	\$0.21	
Full Name of Contributor	Name of Contributor Registration Number, if PAC						
Street Address	El/O					Form (Cash, Check, etc.)	
Succi Aduless	Employer/Occii	Employer/Occupation/Labor Organization*				Toma (casa, check, cic.)	
City	State	Zip Code	M	D.	Y	Amount	
19	OH						
Full Name of Contributor			Registra	tion Num	ber, if P	AC	
Street Address	Employer/Occi	pation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	М	P	Y	Amount	
	OH			<u> </u>			
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occi	Employer/Occupation/Labor Organization			•	Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	OH						
Full Name of Contributor	_ !		Registra	ttion Num	ber, if P.	AC	
Street Address	Employer/Occi	upation/Labor Organization*	-	Form (Cash, Check		Form (Cash, Check, etc.)	
							
City	State	Zip Code	M _∶	D	Y	Amount	
	ОН		1		1	_	
Full Name of Contributor			Registra	stion Nun	iber, it P	AC	
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
] _	
City	State	Zip Code	М	D	Y	Amount	
	OH					_	
Full Name of Contributor			Registra	ation Nur	iber, if P	AC	
Street Address	Funlaver/Open	upation/Labor Organization*				Form (Cash, Check, etc.)	
	Lampayer	apanala passo. Organization					
City	State	Zip Code	M	D _i	Y	Amount	
	OH					1	

Page Total \$150.21

^{*} 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)]