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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	Tresembed by St	Service y of State 5/05				
Name of Committee in Full						
Ashenhurst for Hilliard City Counci	1		D7777U7EVERNAMEN AND AND AND AND AND AND AND AND AND AN			
Full Name of Contributor				tion Num	.C	
Dan Hilson						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
155 East Broad Street - 12th floor	Roetzel	& Andress				check
City	State	Zip Code	М	D	Y	Amount
Columbus	0 H	43215	1 0	2 6	0 9	100.00
Full Name of Contributor					ber, if PA	
Pete Kostoff						
Street Address	Employer/Occup	oation/Labor Organization*		it een een een een een een een een een ee		Form (Cash, Check, etc.)
155 East Broad Street - 12th floor	Roetzel	& Andress				check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215	1 0	2 6	0 9	100.00
Full Name of Contributor					ber, if PA	
Kevin Osterkamp						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
155 East Broad Street - 12th floor	1	& Andress				check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215	110	2 6	0 9	100.00
Full Name of Contributor					ber, if PA	
Charlie Smith					,	
Street Address	Employer/Occup	oation/Labor Organization*	L			Form (Cash, Check, etc.)
155 East Broad Street - 12th floor	1	& Andress				check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215	1	1	0 9	
Full Name of Contributor		20424				
Full Name of Contributor Registration Number, if PAC Doug Kennedy						
Street Address	Employer/Occur	pation/Labor Organization*		elan Alla Television (1900)		Form (Cash, Check, etc.)
155 East Broad Street - 12th floor	1	& Andress				check
City	State	Zip Code	M	D	Y	Amount
Columbus	ОН	43215	1	2 6	1	
Full Name of Contributor		TO in LO	Contraction of the second second second second	- TO Discontinuous assessed Facility	ber, if PA	
			1105,500		001, 11 1 1 1	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
	Zimpioyen occup	outon buoor or guinzation				Tom (Cash, Check, Cic.)
City	State	Zip Code	M	D	ΙΥ	Amount
		Zip code	1 "		1	7 Milotiit
Full Name of Contributor	<u> </u>		Parietro	tion Num	ber, if PA	C
Tan Name of Contibutor			Registra	aton ivani	001, 11 1 25	
Street Address	TEmployer/Oggy	ontion/Labor Organization*				Form (Cook Chook etc.)
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					ronn (Cash, Check, etc.)	
City	St-1-	Zip Code	1 37	1 5	1 7/	A
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributors						
Full Name of Contributor Registration Number, if PAC						
Street Address Employer/Occupation/Labor Organization* Form (Cash. Check. etc.)					r (O. L.OL.	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
G:		1a: 0.1	γ	T =	1 ,-	
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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	500.00