

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Comm. HEE to Support the WASHINGTON Township Fire Levy							
Full Name of Contributor ALLAN M. WOOD						Registration Number, if PAC	
Street Address 441 Potomac Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City WESTERVILLE			State OH		Zip Code 43082		Amount 9/14/09 \$200.-
Full Name of Contributor DENISE FRANZ KING						Registration Number, if PAC	
Street Address 170 S. RIVERVIEW ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City DUBLIN			State OH		Zip Code 43017		Amount 9/14/09 100.-
Full Name of Contributor LESLIE DYBIEC						Registration Number, if PAC	
Street Address 2203 MAYLAND RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City UPPER MERINGTON			State OH		Zip Code 43220		Amount 9/14/09 \$100.-
Full Name of Contributor CHARLES ASRON						Registration Number, if PAC	
Street Address 32815 FRIEDS RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City RICHWOOD			State OH		Zip Code 43344		Amount 9/15/09 \$200.-
Full Name of Contributor ALEC O'CONNELL						Registration Number, if PAC	
Street Address 554 North 3 B's - K			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City SUNDRY			State OH		Zip Code 43074		Amount 9/15/09 \$1150.-
Full Name of Contributor CHARLES KRANSTUBER						Registration Number, if PAC	
Street Address 5512 CAPLESTONE LANE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City DUBLIN			State OH		Zip Code 43017		Amount 9/15/09 100.-
Full Name of Contributor OHIO HEALTH						Registration Number, if PAC	
Street Address PO Box 9			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City COLUMBUS			State OH		Zip Code 43216		Amount 10/14/09 750.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		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)]