

# ★ Address Addendum ★

## Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CITIZENS AGAINST GAHANNA TAXATION IN JEFFERSON TOWNSHIP</b>							
Full Name of Contributor <b>RAIN ONE, INC</b>					Registration Number, if PAC		
Street Address <b>6871 TAYLOR RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ADDRESS UPDATE</b>		
City <b>BLACKLICK</b>	State <b>OH</b>	Zip Code <b>43004</b>	M	D	Y	Amount	
Full Name of Contributor <b>HUB PLASTICS, INC</b>					Registration Number, if PAC		
Street Address <b>725 REYNOLDSBURG-NEW ALBANY RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ADDRESS UPDATE</b>		
City <b>BLACKLICK</b>	State <b>OH</b>	Zip Code <b>43004</b>	M	D	Y	Amount	
Full Name of Contributor <b>CPTECHNOLOGIES COMPANIES</b>					Registration Number, if PAC		
Street Address <b>6615 TAYLOR RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ADDRESS UPDATE</b>		
City <b>BLACKLICK</b>	State <b>OH</b>	Zip Code <b>43004</b>	M	D	Y	Amount	
Full Name of Contributor <b>JESS HOWARD ELECTRIC COMPANY</b>					Registration Number, if PAC		
Street Address <b>6630 TAYLOR RD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ADDRESS UPDATE</b>		
City <b>BLACKLICK</b>	State <b>OH</b>	Zip Code <b>43004</b>	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	
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	
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)]

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*[Signature]*

Page Total \$0.00