Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Renew Blendon Township	Police Lev	y	<u> </u>			
Full Name of Contributor Ron Miller Landscapes of Westerville LLC			Registration Number, if PAC			
Street Address 781 Autumn Branch Road	Employer/Occupation/Labor Organization* Landscape Company Owner				Form (Cash, Check, etc.) check	
City Westerville	State OH	Zip Code 43081	M D D 1 2 2	기 1 6	Amount \$100.00	
Full Name of Contributor Jennifer Myers of The Rolling Ridge Subdivision Co.				Registration Number, if PAC		
Street Address 4515 Ravine Drive	Employer/Occupation/Labor Organization* Treasurer of HomeownerAsso		O.		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	M D D D D D D D D D D D D D D D D D D D	1 6	Amount \$500.00	
Full Name of Contributor Shawn Hensley	Reg			Registration Number, if PAC		
Street Address 3435 Dempsey Road	Blendon Tw	ion/Labor Organization* p. Police Officer			Form (Cash, Check, etc.) check	
City Westerville	OH 🔽	Zip Code 43081	0 1 2 7	1 6	Amount \$100.00	
Full Name of Contributor OHM Orchard, Hiltz, & McCument					AC	
Street Address 34000 Plymouth Road		ion/Labor Organization* Engineers, Planners	-		Form (Cash, Check, etc.) Check	
City Livonia	State MI	Zip Code 48150	M D D	1 6 2	Amount \$500.00	
Full Name of Contributor Frank Harmon Registration Number, if PAC						
Street Address 8120 Corporate Blvd.	Employer/Occupati	*		Form (Cash, Check, etc.) Check		
City Plain City	State OH 🔽	Zip Code 43064	0 2 0 5	Y 1 6	Amount \$200.00	
Full Name of Contributor Registration Number, if P					AC	
Street Address 3073 Sedley Street	Employer/Occupation Tw			Form (Cash, Check, etc.) Cash		
City Reynoldsburg	State OH 🔽	Zip Code 43068	D 2 D 9	Σ-5 1 5-	Amount \$100.00	
ull Name of Contributor Registration Number, if P James F. Welch				er, if PA	AC	
Street Address 5460 Acapulco Place	Employer/Occupati Blendon Tw	on/Labor Organization* p. Trustee			Form (Cash, Check, etc.) check	
City Westerville	State OH 🔽	Zip Code 43081	M P P P P P P P P P P P P P P P P P P P	Y 1 6	Amount \$50.00	
Full Name of Contributor Registration Number, if P.					AC	
Street Address	Employer/Occupati	ion/Labor Organization*	•		Form (Cash, Check, etc.)	
City	State OH 🔽	Zip Code	M D	Y	Amount	

Page Total \$1,550.00

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)]