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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for a Strong Gahanna						••		
Full Name of Contributor	-			Registration Number, if PAC				
Anne E Ridgeway						_		
Street Address	Employer/Oc	cupatio	on/Labor Organization*				Form (Cash, Che	ick, etc.)
2700 Sherwood Rd	,						Check	
City	State	Z	Cip Code	M	D	Y	Amount	
Columbus	0 1	┨	43209	1 0	2 4	1 3		100.00
Full Name of Contributor				Registrat	tion Numl	ber, if PA	С	
John Igel								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1033 Zodiac Avenue	George J Igel Co/Engineer			•			Check	
City	State		Zip Code	М	D	Y	Amount	-
Gahanna	0 1 1	$\exists \mid$	43230	10	2 4	113		500.00
Full Name of Contributor	<u>, , , , , , , , , , , , , , , , , , , </u>		10200		tion Num		C	
Scott McComb								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	eck, etc.)	
			d Bank/President	l- CEO			Check	
1641 Oxbow Drive	State		Zip Code	СС	Гъ	Y	Amount	
City	l	-i	•	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$	214	I . I	Линова	500.00
Blacklick	0 1	1	43004					500.00
Full Name of Contributor				Registration Number, if PAC C00479899				
Woolpert Inc PAC				J4/90	99	Form (Cash, Ch	nali: ara l	
Street Address	Employer/Oc	cupati	on Labor Organization*					eck, etc.)
4454 Idea Center Blvd							Check	
City	State		Zip Code	M	D	Y	Amount	=00.00
Dayton	[O]	H	45430	1 0	2 4	1 3		500.00
Full Name of Contributor Registration Number, if PAC								
Clark Commons								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
575 W 1st Ave, Suite					_		Check	
City	State	1	Zip Code	M	D	Y	Amount	
Columbus	1011	н [43215	1 0	310	1 3		2,000 <u>.00</u>
Full Name of Contributor				Registra	tion Num	ber, if PA	ı.C	<u> </u>
FOP Political Education Fund								
Street Address	Employer/Occupation/Labor Organization®				Form (Cash, Check, etc.)			
6800 Schrock Hill Ct							Check	
City	State		Zip Code	М	Ð	Y	Amount	
	011	н	43229	1110	310	1113	i	500.00
Columbus Full Name of Contributor	10 !		10227		ation Nur			
Geiger Excavating Inc	TE-slower/O	0011007	ion/Labor Organization*				Form (Cash, Ch	eck, etc.)
Street Address	Employer/Occupation/Labor Organization*						Check	
PO Box 307717	<u> </u>	ı	Zip Code	Тм	ΤD	Y	Amount	
City	State		•	1	1	1	1	500.00
Gahanna	0	H_	43230		3 0			300.00
Full Name of Contributor Registration Number, if PAC								
Steve Kolwicz/POD LLC				Ц			Tram (Carl C	anto ato)
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
100 Northwoods Blvd, Ste A	POD Design/Partner			1	Check			
City	State	1	Zip Code	M	D .	Y	Amount	-00.00
Columbus	0	Ηj	43235	1 1	<u> 1016</u>	1 3		500. <u>00</u>

Page Total \$ 5,100.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]