

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Township Fire/EMS Levy Fund</u>									
Full Name of Contributor <u>Sandy McGrath</u>						Registration Number, if PAC			
Street Address <u>1366 Rosehill Rd.</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>		
City <u>Reynoldsburg</u>		State <u>OH</u>		Zip Code <u>43068</u>		M <u>0</u>		D <u>9</u>	
						Y <u>12</u>		Amount <u>\$100</u>	
Full Name of Contributor <u>William Lovett</u>						Registration Number, if PAC			
Street Address <u>10676 Creeknoll Ct.</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>		
City <u>Montgomery</u>		State <u>OH</u>		Zip Code <u>45242</u>		M <u>09</u>		D <u>08</u>	
						Y <u>12</u>		Amount <u>\$100.00</u>	
Full Name of Contributor <u>Local 2932 (Zach Leckrone)</u>						Registration Number, if PAC			
Street Address <u>6900 E. Main</u>			Employer/Occupation/Labor Organization* <u>Local 2932</u>				Form (Cash, Check, etc.) <u>check</u>		
City <u>Reynoldsburg</u>		State <u>OH</u>		Zip Code <u>43068</u>		M <u>09</u>		D <u>11</u>	
						Y <u>12</u>		Amount <u>\$4,000</u>	
Full Name of Contributor <u>Chad Compton</u>						Registration Number, if PAC			
Street Address <u>6588 Montcharin Ct.</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>Cash</u>		
City <u>Westerville</u>		State <u>OH</u>		Zip Code <u>43082</u>		M <u>09</u>		D <u>06</u>	
						Y <u>12</u>		Amount <u>\$90.00</u>	
Full Name of Contributor <u>O.A.P.F.F.</u>						Registration Number, if PAC			
Street Address <u>140 E. Town St. S#1225</u>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>		
City <u>Columbus</u>		State <u>OH</u>		Zip Code <u>43215</u>		M <u>10</u>		D <u>05</u>	
						Y <u>12</u>		Amount <u>1500</u>	
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)]