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Statement of Contributions Received

Prescribed by Secretary of State 3/05

ame of Committee in Full	Find 4 F.					
Citizens for Westerville/Blendo	on Fire Levy		Registration Number, i	f PAC		
ull Name of Contributor			(Cgistration reamour, 2			
Scott H. Baumgartner		C. M. alexa Opposition's		Form (Cash.	Check, etc.)	
treet Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
1065 Denman Court			M D Y			
City	State	Zip Code			100.00	
Westerville	0 H	43081	03061		100,00	
full Name of Contributor			Registration Number, i	IPAC		
Linda Bokros				E (Cook	Chaok ata)	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
642 Berkeley Pl. N.					Check	
City	State	Zip Code	M D	. 8	200.00	
Westerville	0 H	43081	0 3 1 5 1	0	100.00	
Full Name of Contributor			Registration Number,	if PAC		
Bernard E. Ingles					/	
Street Address	Employer/Occu	pation/Labor Organization*	t .	2	, Check, etc.)	
384 Abbotsbury Ct.	7			Chec	k	
City	State	Zip Code	1 1	Y Amount		
Westerville	0 H	43082	0 3 1 5 1		200.00	
Full Name of Contributor			Registration Number,	if PAC		
Lawrence C. Jenkins						
Street Address	Employer/Occupation/Labor Organization*			Form (Casl	Form (Cash, Check, etc.)	
211 E. Schrock Rd.				Chec	:k	
	State	Zip Code	M D	Y Amount		
City		43081	0 3 2 0 1	10	100.00	
Westerville			Registration Number,	if PAC		
Full Name of Contributor						
Anne H. Gonzales	Employer/Occupation/Labor Organization*		*	Form (Cas	h, Check, etc.)	
Street Address	Employon			Che	ck	
335 Wildwood Dr.	State	Zip Code	M D	Y Amount		
City		i -	0 3 2 0 1	.10	50.00	
Westerville		- 1 20001	Registration Number	erenderen verste State anderste de State de Stat		
Full Name of Contributor						
Michael Heyeck	In 1(0-	ohor Organization	.*	Form (Cas	h, Check, etc.)	
Street Address	Employer/Oct	Employer/Occupation/Labor Organization*		Che	Check	
113 Ormsbee Ave.	Charles	Trin Codo	M D	Y Amount	C. 2.7	
City	State	Zip Code 1 43081		10	100.00	
Westerville		1 43081	Registration Number		2.0010	
Full Name of Contributor			ACCEISTRATION I VAINGO	,		
James H. Tharp		(1)	_*	Form (Ca	sh, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*		u.	10	Check	
18 Logan Ave.				Y Amount	CIN	
City	State	Zip Code	M D	Y JAMOUR	50.0	
Westerville		i 43081	0 3 2 2	LIU	30.0	
Full Name of Contributor			Registration Numbe	r, ii pac		
David A. Collinsworth				le /^	-h Charle 242	
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
995 Stonehenge Dr.				Che	PCK	
City	State	Zip Code	M D	Y Amount	~ ~ ~ ~	
B ~		H 45371	0 3 2 2	1 0	100.0	

* 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)]

Page Total \$	800.00