

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				**************		
Ashenhurst for Hilliard City Coun	cil					
Full Name of Contributor			Registration Number, if PAC			
Audrey Ashenhurst			i Cogistia	ion rumi	,01, 11 1 1 1	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1307 Meadowlark Lane	Employen occup	ution, Edoor Organization				check
City	State	Zip Code	T M	D	Y	Amount
Macomb	T L	61455	0 3	1 3	0 9	25.00
Full Name of Contributor	T. T.	01400	NAMES OF THE PROPERTY OF THE P	tion Numb	Notes de la company de la comp	
Linda Rowe			g.c.			ç
Street Address	Employer/Occup.	ation/Labor Organization*	- Lance Communication			Form (Cash, Check, etc.)
1205 Willowood Lane						check
City	State	Zip Code	M	D	Y	Amount
Gulf Breeze	FL	32563	0 3	1 6	0 9	50.00
Full Name of Contributor			CONTRACTOR OF THE PARTY OF THE	tion Numl	CONTROL OF THE CONTRO	
Thomas Whatman						
Street Address	Employer/Occup	ation/Labor Organization*	b			Form (Cash, Check, etc.)
6650 Stoffer Road					check	
City	State	Zip Code	M	D	Y	Amount
Bellville	OH	44813	0.3	1 7	0 9	250.00
Full Name of Contributor			CONTRACTOR OF THE PROPERTY OF	tion Num	or provide a complete the state of the state of	C
DeWayne Gray			644400000			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
86 S High Street						cash
City	State	Zip Code	M	D	Y	Amount
Dublin	OH	43017	0 3	2 4	0 9	25.00
Full Name of Contributor Registration Number, if PAC						C
Paul Meyers						
Street Address	Employer/Occup	ation/Labor Organization*	X ************************************	Manager Andrews		Form (Cash, Check, etc.)
1784 Ridgebury Drive						check
City	State	Zip Code	М	D	Y	Amount
Hilliard	OH	43026	0 4	1 5	0 9	25.00
Full Name of Contributor	*****		Registra	tion Num	ber, if PA	С
Deborah Ashenhurst						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3677 Colonial Drive					,	check
City	State	Zip Code	M	D	Y	Amount
Hilliard		43026		0 7		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
Elverna Wolpert						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
4786 Davidson Road				,		check
City	State	Zip Code	M	D	Y	Amount
Hilliard	O H	43026	0 4	danamanan mana		100.00
Full Name of Contributor Registration Number, if PAC						
James Ashenhurst						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
5377 Whirlwind Cove Drive	0	7. 0.1.	1 1/	10	1 37	Check
City	State O H	Zip Code	M	D	Y	Amount EO OO
Hilliard	O H	43026	0 3	1 1	0 9	50.00

Page Total \$ 625.00

^{*} 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)]