

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Ashenhurst for Hilliard City Council									
Full Name of Contributor Audrey Ashenhurst						Registration Number, if PAC			
Street Address 1307 Meadowlark Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Macomb	State I L	Zip Code 61455	M 0	D 3	Y 1	Amount 25.00			
Full Name of Contributor Linda Rowe						Registration Number, if PAC			
Street Address 1205 Willowood Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gulf Breeze	State F L	Zip Code 32563	M 0	D 3	Y 1	Amount 50.00			
Full Name of Contributor Thomas Whatman						Registration Number, if PAC			
Street Address 6650 Stoffer Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bellville	State O H	Zip Code 44813	M 0	D 3	Y 1	Amount 250.00			
Full Name of Contributor DeWayne Gray						Registration Number, if PAC			
Street Address 86 S High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Dublin	State O H	Zip Code 43017	M 0	D 3	Y 2	Amount 25.00			
Full Name of Contributor Paul Meyers						Registration Number, if PAC			
Street Address 1784 Ridgebury Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0	D 4	Y 1	Amount 25.00			
Full Name of Contributor Deborah Ashenhurst						Registration Number, if PAC			
Street Address 3677 Colonial Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0	D 3	Y 0	Amount 100.00			
Full Name of Contributor Elverna Wolpert						Registration Number, if PAC			
Street Address 4786 Davidson Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 0	D 4	Y 1	Amount 100.00			
Full Name of Contributor James Ashenhurst						Registration Number, if PAC			
Street Address 5377 Whirlwind Cove Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0	D 3	Y 1	Amount 50.00			

* 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)]

Page Total \$ 625.00