

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Westerville/Blendon Fire Levy									
Full Name of Contributor Kimberlee A. Ullom						Registration Number, if PAC			
Street Address 15000 Croton Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Centerburg	State O	H H	Zip Code 43011	M 0	D 4	Y 1	Amount 25.00		
Full Name of Contributor Jon Jenkins						Registration Number, if PAC			
Street Address 3659 Dry Run Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Chillicothe	State O	H H	Zip Code 45601	M 0	D 4	Y 1	Amount 100.00		
Full Name of Contributor Jonathan J. Kalley						Registration Number, if PAC			
Street Address 2 College Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43081	M 0	D 4	Y 1	Amount 50.00		
Full Name of Contributor David A. Williams						Registration Number, if PAC			
Street Address 6946 Ginger Hill Rd. #D			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Utica	State O	H H	Zip Code 43080	M 0	D 4	Y 1	Amount 100.00		
Full Name of Contributor James Lehtomaa						Registration Number, if PAC			
Street Address 5598 Santiago Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville	State O	H H	Zip Code 43081	M 0	D 4	Y 2	Amount 25.00		
Full Name of Contributor Mount Carmel Health System						Registration Number, if PAC			
Street Address P. O. Box 13970- 6001 E. Broad St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43213	M 0	D 4	Y 2	Amount 3,000.00		
Full Name of Contributor Baker & Hostetler LLP						Registration Number, if PAC OH 125			
Street Address 3200 National City Center			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cleveland	State O	H H	Zip Code 44114	M 0	D 4	Y 2	Amount 500.00		
Full Name of Contributor Gregory Kacsandi						Registration Number, if PAC			
Street Address 3232 Rainier Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43231	M 0	D 4	Y 2	Amount 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)]

Page Total \$ 3,900.00