

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Support the Washington Township Fire Levy</b>							
Full Name of Contributor <b>Joel Campbell</b>					Registration Number, if PAC		
Street Address <b>5565 Brand Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>8</b>	Y <b>1 1 5</b>	Amount <b>\$250.00</b>	
Full Name of Contributor <b>Washington Twp Pro Firefighter Local 3036</b>					Registration Number, if PAC		
Street Address <b>P.O. Box 1003</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>8</b>	Y <b>2 2 1 5</b>	Amount <b>\$2,500.00</b>	
Full Name of Contributor <b>Ohio Assoc. of Professional Firefighters</b>					Registration Number, if PAC		
Street Address <b>140 E. Town St.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>9</b>	Y <b>1 0 1 5</b>	Amount <b>\$1,500.00</b>	
Full Name of Contributor <b>Denise King</b>					Registration Number, if PAC		
Street Address <b>170 S. Riverview St.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>2 4 1 5</b>	Amount <b>\$100.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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)]

Page Total **\$4,350.00**