

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS AGAINST GAHANNA TAXATION IN JEFFERSON TOWNSHIP							
Full Name of Contributor SCHAFER DRIVELINE, LLC					Registration Number, if PAC		
Street Address 123 PHOENIX PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City FREDERICKTOWN	State OH	Zip Code 43019	M 0	D 4	Y 0	Y 9	Amount \$1,000.00
Full Name of Contributor RUTH E. JUNKERMANN					Registration Number, if PAC		
Street Address 6580 TAYLOR RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State OH	Zip Code 43004	M 0	D 4	Y 0	Y 9	Amount \$100.00
Full Name of Contributor HUB PLASTICS, INC					Registration Number, if PAC		
Street Address PO BOX 350		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State OH	Zip Code 43004	M 0	D 4	Y 1	Y 1	Amount \$3,000.00
Full Name of Contributor FOCUS CFO, LLC					Registration Number, if PAC		
Street Address 1010 JACKSON HOLE DR, SUITE 202		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State OH	Zip Code 43004	M 0	D 4	Y 1	Y 1	Amount \$2,000.00
Full Name of Contributor G & C FAMILY, LLC DBA CONLEY PROPERTIES					Registration Number, if PAC		
Street Address 6751 TAYLOR RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State OH	Zip Code 43004	M 0	D 4	Y 1	Y 1	Amount \$2,000.00
Full Name of Contributor ANIMAL HOSPITAL OF NEW ALBANY, INC					Registration Number, if PAC		
Street Address 3033 REYNOLDSBURG - NEW ALBANY RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 4	Y 1	Y 1	Amount \$250.00
Full Name of Contributor G & C FAMILY, LLC DBA CONLEY PROPERTIES					Registration Number, if PAC		
Street Address 6751 TAYLOR RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CASH		
City BLACKLICK	State OH	Zip Code 43004	M 0	D 4	Y 1	Y 1	Amount \$100.00
Full Name of Contributor THOMAS COFFMAN					Registration Number, if PAC		
Street Address 3238 KNOLL DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State OH	Zip Code 43230	M 0	D 4	Y 1	Y 1	Amount \$1,000.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$9,450.00**