

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for a Strong Gahanna</b>							
Full Name of Contributor <b>Douglas E Maddy</b>					Registration Number, if PAC		
Street Address <b>6300 Clark State Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>1   5</b>	Y <b>1   3</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Nancy E Maddy</b>					Registration Number, if PAC		
Street Address <b>164 Misty Oak Place</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>1   5</b>	Y <b>1   3</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Sandra A Maddy</b>					Registration Number, if PAC		
Street Address <b>4108 Dixon Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pataskala</b>	State <b>O   H</b>	Zip Code <b>43062</b>	M <b>1   0</b>	D <b>1   5</b>	Y <b>1   3</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>John B Hobson</b>					Registration Number, if PAC		
Street Address <b>1831 Sutton Place</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Newark</b>	State <b>O   H</b>	Zip Code <b>43055</b>	M <b>1   0</b>	D <b>1   6</b>	Y <b>1   3</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>Jill Neikirk Schuler</b>					Registration Number, if PAC		
Street Address <b>88 Highmeadow Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>1   6</b>	Y <b>1   3</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Schneider Insurance Agency</b>					Registration Number, if PAC		
Street Address <b>120 Mill Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>1   6</b>	Y <b>1   3</b>	Amount <b>150.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,500.00