

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Two Two Fire/EMS Levy Fund									
Full Name of Contributor Sandy McGrath						Registration Number, if PAC			
Street Address 1366 Rosehill Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 9	
						Y 12		Amount \$700	
Full Name of Contributor William Lovett						Registration Number, if PAC			
Street Address 10676 Creeknoll Ct.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Montgomery		State OH		Zip Code 45242		M 0		D 9	
						Y 12		Amount \$100.00	
Full Name of Contributor Local 2932 (Zach Leckrone)						Registration Number, if PAC			
Street Address 6900 E. Main				Employer/Occupation/Labor Organization* Local 2932				Form (Cash, Check, etc.) check	
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 9	
						Y 12		Amount \$4,000	
Full Name of Contributor Chad Compton						Registration Number, if PAC			
Street Address 6588 Montcharin Ct.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Westerville		State OH		Zip Code 43082		M 0		D 9	
						Y 12		Amount \$90.00	
Full Name of Contributor O.A.P.F.F.						Registration Number, if PAC			
Street Address 140 E. Town St. S.W. 1225				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43215		M 1		D 0	
						Y 12		Amount 1500	
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	
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 also appear. [R.C. 3517.10(B)(4)]