Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Renew Blendon Tov	wnship Police Levy	7					
Full Name of Contributor John Belford			Registra	tion Nun	iber, if PA	AC .	
Street Address 4856 Pleasant Woods Ct.	Blendon 7	Employer/Occupation/Labor Organization Blendon Township Police Chief			•		
City Gahanna	State OH	Zip Code 43230	1 2	D 2 B	1 5	Amount \$100.00	
Full Name of Contributor Dustin Lephart			Registra	tion Nun	nber, if PA	AC	
Street Address 4509 Big Walnutview Dr.		Employer/Occupation/Labor Organization* Blendon Township Police Lt.					
City Gahanna	State OH	Zip Code 43230		2 B	1 5	Amount \$100.00	
Full Name of Contributor Joshua Retherford				Registration Number, if PAC			
Street Address 6255 Johnstown Rd.	Blendon 1	Employer/Occupation/Labor Organization* Blendon Township Police Officer				Form (Cash, Check, etc.) Ck	
City Mt. Vernon	State OH	Zip Code 43050	1 2	2 2 9	1 5	Атоипt \$100.00	
Full Name of Contributor Allana Barnhart				Registration Number, if PAC			
Street Address 3136 Peel Rd.	Blendon T	cupation/Labor Organization* Township Admin. Assistant				Form (Cash, Check, etc.) ck	
City Radnor	State OH	Zip Code 43066	M 1 2	D 2 B	Y 1 5	Amount \$25.00	
Full Name of Contributor Phillip Cromwell							
Street Address 497 River Pebble Dr.		oyer/Occupation/Labor Organization and on Township Police Sgt.				Form (Cash, Check, etc.)	
City Blacklick	Staje OH	Zip Code 43004	1 2	3 D	1 ^Y 5	Amount \$100.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Cheek, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Ý	Атоилі	
Full Name of Contributor Registration Number, if						AC .	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State OH	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)]