

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for a Strong Gahanna							
Full Name of Contributor Orchard, Hiltz & McCliment, Inc.					Registration Number, if PAC		
Street Address 34000 Plymouth Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Livonia	State M I	Zip Code 48150	M 0	D 9	Y 2	Amount 1,000.00	
Full Name of Contributor Brad Yates/Dublin Manor LLC					Registration Number, if PAC		
Street Address 15 Claireden Drive		Employer/Occupation/Labor Organization* Dublin Manor, LLC/Home Builder			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0	D 9	Y 2	Amount 1,000.00	
Full Name of Contributor MS Consultants Inc					Registration Number, if PAC		
Street Address 333 East Federal Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Youngstown	State O H	Zip Code 44503	M 0	D 9	Y 2	Amount 1,200.00	
Full Name of Contributor United Steelworkers District 1 PCE					Registration Number, if PAC		
Street Address 777 Dearborn Park Lane, Suite J		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43085	M 0	D 9	Y 2	Amount 1,000.00	
Full Name of Contributor Gahanna Soccer Association					Registration Number, if PAC		
Street Address PO Box 307121		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0	D 9	Y 2	Amount 450.00	
Full Name of Contributor Michael J. Underwood					Registration Number, if PAC		
Street Address 891 Dark Star Avenue		Employer/Occupation/Labor Organization* Porter Wright/Attorney			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0	D 9	Y 2	Amount 100.00	
Full Name of Contributor David L Hodge/Smith & Hale LLC					Registration Number, if PAC		
Street Address 37 West Broad Street, Suite 725		Employer/Occupation/Labor Organization* Smith & Hale LLC/Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 2	Amount 200.00	
Full Name of Contributor EMH&T					Registration Number, if PAC		
Street Address 5500 New Albany Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43054	M 0	D 9	Y 2	Amount 500.00	

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

Page Total \$ 5,450.00