

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens For Hamilton Fire Levy '09							
Full Name of Contributor William J. Waboff					Registration Number, if PAC N/A		
Street Address 5010 Broad St. Suite 2500		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check #2161		
City Columbus	State Oh	Zip Code 43215	M 01	D 25	Y 09	Amount \$100.00	
Full Name of Contributor Mark Rinehart					Registration Number, if PAC N/A		
Street Address 2450 Lindsay Rd.		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) cash		
City Columbus	State Oh	Zip Code 43207	M 01	D 25	Y 09	Amount \$200.00	
Full Name of Contributor Karen Schutte					Registration Number, if PAC N/A		
Street Address 1134 London-Graepart Rd.		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check #2569		
City Lockbourne	State Oh	Zip Code 43137	M 03	D 04	Y 09	Amount \$25.00	
Full Name of Contributor Daniel B. Heller					Registration Number, if PAC N/A		
Street Address 5330 Guthrie Rd.		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) check #1275		
City Columbus	State Oh	Zip Code 43207	M 02	D 25	Y 09	Amount \$100.00	
Full Name of Contributor Hamilton WFP Firefighters Association					Registration Number, if PAC N/A		
Street Address 1460 Obetz Rd.		Employer/Occupation/Labor Organization* N/A			Form (Cash, Check, etc.) cash		
City Columbus	State Oh	Zip Code 43207	M 05	D 05	Y 09	Amount \$158.88	
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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **583.88**