

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR WESTERVILLE									
Full Name of Contributor STANTEC CONSULTING INC							Registration Number, if PAC		
Street Address 1500 LAKESHORE DR STE 100				Employer/Occupation/Labor Organization CONSULTING ENGINEERS				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH		Zip Code 43024		M 1		D 0	
						Y 08		Amount 500.00	
Full Name of Contributor FRATERNAL ORDER OF POLICE							Registration Number, if PAC		
Street Address 6800 SCHROCK HILL CT				Employer/Occupation/Labor Organization LABOR UNION				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH		Zip Code 43229		M 1		D 0	
						Y 08		Amount 500.00	
Full Name of Contributor J. MIKAL TOWNSLEY							Registration Number, if PAC		
Street Address 571 CATAWBA AVE				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE		State OH		Zip Code 43081-2660		M 1		D 0	
						Y 08		Amount 200.00	
Full Name of Contributor THE PIZZUTI COMPANIES							Registration Number, if PAC		
Street Address TWO MIRANOVA PLACE, STE 200				Employer/Occupation/Labor Organization DEVELOPER				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH		Zip Code 43215		M 1		D 0	
						Y 08		Amount 500.00	
Full Name of Contributor GEORGE A. GUMMER							Registration Number, if PAC		
Street Address 7076 SANDIMARK PL				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK	
City WESTERVILLE		State OH		Zip Code 43081-9507		M 1		D 0	
						Y 08		Amount 250.00	
Full Name of Contributor NEW ALBANY CAPITAL PARTNERS LLC							Registration Number, if PAC		
Street Address 4200 REGENT ST, 2ND FLOOR				Employer/Occupation/Labor Organization FINANCIAL CONSULTANT				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State OH		Zip Code 43219-6229		M 1		D 0	
						Y 08		Amount 250.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						Y	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						Y	

10/21

500

10/22

500

2200

* 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)]

Page Total \$2,200.00