

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

		The second secon	***************************************	note and observe where the Co. Co.	***************************************			
Name of Committee in Full	• 7							
Ashenhurst for Hilliard City Cour	nc1l			months and a second			ZARCENA DESTRUMENTA DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPAN	
Full Name of Contributor			Registra	Registration Number, if PAC				
Kathy Clark		****						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, C	heck, etc.)	
4520 Carriage Hill Lane						check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43220	0 3	0 2	0 9		100.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	.C		
Catherine Zwissler								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
550 N Columbia Avenue						check		
City	State	Zip Code	М	D	Y	Amount		
Bexley	OH	43209	0 3	0 2	0 9		50.00	
Full Name of Contributor			ing commence and the contract of the contract	THE PROPERTY OF THE PROPERTY O	ber, if PA	.C		
James Baker					·			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
50 W Broad Street	Employen Companion Labor Organization						check	
City	State	Zip Code	M	D	ΙΥ	Amount		
Columbus	ОН	43215	0 3	1	i		100.00	
Full Name of Contributor		102.10	CONTROL OF THE PROPERTY OF THE	SECTION COLUMN TO THE PARTY AND ASSESSED.	ber, if PA		100.00	
James Caldwell			i Cegistii	ation i van	1001, 11 1 71	.0		
Street Address	Employer/Occur	nation/Labor Organization*				Form (Cach, C	haok eta )	
P O Box 41 - Best Efforts	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	М	1 5	Y	check		
	OH	43085	1	D	1	Amount	100.00	
Worthington Full Name of Contributor		43003	0 3		Michigan Company (1997) (Michigan Company)		100.00	
William Radford			Registra	ation ivum	ber, if PA	.C	:	
Street Address	In1/0					n (0 i 0		
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
5782 Middlefield Drive		7: 0 1			1	check		
	State H	Zip Code	M	D	Y	Amount	200.00	
Columbus	O   H	43235	and the second s	0 7	(and a surface property of the surface party)	Anna anno anno anno anno anno anno anno	200.00	
Full Name of Contributor			Registra	ation Num	ber, if PA	.C		
Deborah Ashenhurst	In					2		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
3677 Colonial Drive					· · · · · · · · · · · · · · · · · · ·	check		
City	State	Zip Code	М	D	Y	Amount		
Hilliard	O H	43026			0 9		100.00	
Full Name of Contributor			Registra	ation Num	iber, if PA	.C		
Brandon Lynaugh								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, C	heck, etc.)			
1299 Avondale Avenue						check		
City	State	Zip Code	М	D	Y	Amount		
Grandview Heights	O H	43212	0 3	1 2	0 9		100.00	
Full Name of Contributor			Registra	ation Nur	ber, if PA	С		
Darrin Klinger								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, C	heck, etc.)			
1053 Cheliway Court						check		
City	State	Zip Code	M	D	Y	Amount		
Powell	OH	43065	013	1 2	10 9		100.00	

Page Total \$	850.00
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<sup>\*</sup> 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)]