

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Tim Waibel for City Council</i>							
Full Name of Contributor <i>Robert Wood</i>					Registration Number, if PAC		
Street Address <i>PO Box 575</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Canal Winchester</i>	State <i>OH</i>	Zip Code <i>43110</i>	M <i>08</i>	D <i>28</i>	Y <i>15</i>	Amount <i>250⁰⁰</i>	
Full Name of Contributor <i>Mike Hummel</i>					Registration Number, if PAC		
Street Address <i>9400 Bowen Rd</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>check</i>		
City <i>Canal Winchester</i>	State <i>OH</i>	Zip Code <i>43110</i>	M <i>09</i>	D <i>12</i>	Y <i>15</i>	Amount <i>300⁰⁰</i>	
Full Name of Contributor <i>Grim Hummel</i>					Registration Number, if PAC		
Street Address <i>1895 Windesern Southern Rd</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>		
City <i>Canal Winchester</i>	State <i>OH</i>	Zip Code <i>43110</i>	M <i>09</i>	D <i>13</i>	Y <i>15</i>	Amount <i>20⁰⁰</i>	
Full Name of Contributor <i>Mark Hannah</i>					Registration Number, if PAC		
Street Address <i>7019 Greensview Village Dr.</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>		
City <i>Canal Winchester</i>	State <i>OH</i>	Zip Code <i>43110</i>	M <i>10</i>	D <i>13</i>	Y <i>15</i>	Amount <i>50⁰⁰</i>	
Full Name of Contributor <i>Karen Shles</i>					Registration Number, if PAC		
Street Address <i>323 N. Sarat</i>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>		
City <i>Canal Winchester</i>	State <i>OH</i>	Zip Code <i>43110</i>	M <i>10</i>	D <i>13</i>	Y <i>15</i>	Amount <i>50⁰⁰</i>	
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 also appear. [R.C. 3517.10(B)(4)]