

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR COMMITTEE TO SUPPORT WESTERVILLE							
Full Name of Contributor MICHAEL HERRON						Registration Number, if PAC	
Street Address 224 E. PACEMONT RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS			State OH	Zip Code 43202	M 07	D 22	Y 08
Amount 50.00						7/22 325	
Full Name of Contributor NP/FG, LLC						Registration Number, if PAC	
Street Address 8800 LYRA DR, #550			Employer/Occupation/Labor Organization* LAND DEVELOPERS			Form (Cash, Check, etc.) CHECK	
City COLUMBUS			State OH	Zip Code 43240	M 07	D 25	Y 08
Amount 2,500.00						7/23 2500	
Full Name of Contributor EMILY PATTERSON						Registration Number, if PAC	
Street Address 3378 HUNT CLUB RD. N.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WESTERVILLE			State OH	Zip Code 43081	M 07	D 26	Y 08
Amount 50.00							
Full Name of Contributor SUSAN BANBURY						Registration Number, if PAC	
Street Address 420 GREENGLADE AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON			State OH	Zip Code 43085-2206	M 07	D 26	Y 08
Amount 150.00							
Full Name of Contributor H. R. GRAY						Registration Number, if PAC	
Street Address 3770 RIDGE MILL DRIVE			Employer/Occupation/Labor Organization* CONSTRUCTION CONSULTANTS			Form (Cash, Check, etc.) CHECK	
City COLUMBUS			State OH	Zip Code 43026	M 07	D 28	Y 08
Amount 1,000.00							
Full Name of Contributor DACOTT POWER AND TRANSMISSION SERVICES						Registration Number, if PAC	
Street Address 5001 BISSONNET, STE 200			Employer/Occupation/Labor Organization* ELECTRICAL CONSULTANTS			Form (Cash, Check, etc.) CHECK	
City BELLAIRE			State TX	Zip Code 77401	M 07	D 28	Y 08
Amount 500.00						1700 7/28	
Full Name of Contributor ISAAC, BRANT, LEDMAN & TEETOR, LLP						Registration Number, if PAC	
Street Address 250 EAST BROAD ST			Employer/Occupation/Labor Organization* ATTORNEYS AT LAW			Form (Cash, Check, etc.) CHECK	
City COLUMBUS			State OH	Zip Code 43215	M 08	D 05	Y 08
Amount 200.00							
Full Name of Contributor OHIO HEALTH - PUBLIC RELATIONS						Registration Number, if PAC	
Street Address 180 E. BROAD ST.			Employer/Occupation/Labor Organization* HEALTH CARE			Form (Cash, Check, etc.) CHECK	
City COLUMBUS			State OH	Zip Code 43215-3707	M 08	D 05	Y 08
Amount 10,000.00						10,200 8/5	

* 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 \$14,450.00