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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full				73411600000				
Citizens for Westerville/Blendo	n Fire Levy							
Full Name of Contributor			Registrati	on Numb	er, if PA	С		
Brian C. Miller								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
365 Hampton Park						Check	MANAGEMENT TO A COLUMN TO THE	
City	State	Zip Code	М	D	Y	Amount	222 22	
Westerville	0 H	43081	0 4	1 2	1 0		200.00	
Full Name of Contributor			Registrat	ion Numb	er, if PA	С		
Craig P. Treneff Law Office								
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)		
155 Commerce Park Dr. Suite 5	of Administration					Check	NAMES OF THE PERSON NAMES	
City	State	Zip Code	М	D	Y	Amount		
Westerville	lo   H	43082	0 4	1 2	1 0		150.00	
Full Name of Contributor			Registra	ion Num	ber, if PA	ıC		
Prism Municipal Advisors, LLC	~q ~-			VAN-10-10-10-10-10-10-10-10-10-10-10-10-10-				
Street Address	Employer/Occup	pation/Labor Organization*				12	Form (Cash, Check, etc.)	
1636 Sherborne Lane						Check		
City	State	Zip Code	М	D	Y	Amount		
Powell	0   H	43065	0 4	1 3	1 0		500.00	
Full Name of Contributor			Registra	tion Num	ber, if P	AC .		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, C	Check, etc.)	
54000 1 1441-000								
City	State	Zip Code	М	D	Y	Amount		
Oily					Daves and		0.00	
Full Name of Contributor			Registra	tion Nur	ber, if P.	A.C		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					Check, etc.)	
	)							
City	State	Zip Code	М	D	Y	Amount		
<i>-</i> ,	Table 1	0000					0.00	
Full Name of Contributor			Registra	ation Nun	ber, if P	AC	<u> </u>	
Tan Attaile of Controller								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5000 1 xdd 555								
City	State	Zip Code	М	D	Y	Amount		
			ODE COMPANY				0.00	
Full Name of Contributor			Registr	ation Nur	nber, if F	AC		
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash,	Check, etc.)	
South Control of the								
City	State	Zip Code	М	D	Y	Amount	00000	
Chy								
Full Name of Contributor			Registr	ation Nu	mber, if I	PAC		
at the trace of Controlsor								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			daesiaring militari	Form (Cash,	Check, etc.)	
Tri oot 1 radiooo	1							
	ì					静		
City	State	Zip Code	M	D	Y	Amount	9-14-9-1	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is seir-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 \$	850.00