

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full NEW FIRE STATION FUND							
Full Name of Contributor PATRICK MAHAFFEY					Registration Number, if PAC		
Street Address 8135 REYNOLDSWOOD DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State OH	Zip Code 43068	M 0	D 8	Y 1	Amount \$500.00	
Full Name of Contributor JEFFREY SHARPS					Registration Number, if PAC		
Street Address 147 STONE CREEK DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GRANVILLE	State OH	Zip Code 43023	M 0	D 8	Y 3	Amount \$100.00	
Full Name of Contributor BAKER HOSTETLER LLC					Registration Number, if PAC		
Street Address 127 PUBLIC SQ KEY TOWER		Employer/Occupation/Labor Organization* BAKER HOSTETLER LLC			Form (Cash, Check, etc.) CHECK		
City CLEVELAND	State OH	Zip Code 44114	M 0	D 9	Y 1	Amount \$500.00	
Full Name of Contributor RINEHART-WALTERS-DANNER & ASSOCIATES INSURANCE					Registration Number, if PAC		
Street Address 446 PARK AVE WEST		Employer/Occupation/Labor Organization* RINEHART-WALTERS-DANNER & ASSOC INSURANCE AGENCY			Form (Cash, Check, etc.) CHECK		
City MANSFIELD	State OH	Zip Code 44906	M 0	D 9	Y 1	Amount \$50.00	
Full Name of Contributor KEYTEL SYSTEMS					Registration Number, if PAC		
Street Address 1624 BRICE ROAD		Employer/Occupation/Labor Organization* KEYTEL SYSTEMS			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State OH	Zip Code 43068	M 0	D 9	Y 1	Amount \$100.00	
Full Name of Contributor STEPHEN HEIN					Registration Number, if PAC		
Street Address 10800 POPLAR CREEK RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BALTIMORE	State OH	Zip Code 43105	M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor TRURO TWP FIRE/EMS LEVY FUND (KEITH BIEDEL, TREASURER)					Registration Number, if PAC		
Street Address 6900 E. MAIN STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State OH	Zip Code 43068	M 0	D 9	Y 2	Amount \$1,667.00	
Full Name of Contributor IAFF LOCAL 2932 SAFETY HOUSE (MICHAEL SHIREY)					Registration Number, if PAC		
Street Address 6900 E. MAIN STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State OH	Zip Code 43068	M 0	D 9	Y 2	Amount \$1,900.00	

* 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)]