## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for a Strong Gahanna								
ull Name of Contributor					Registration Number, if PAC			
Andre M Buckles								
Street Address	Employer/0	Эссира	tion/Labor Organization*				Form (Cash, Chec	ek, etc.)
132 Preston Road	ļ						Check	
City	State	•	Zip Code	М	D	Y	Amount	
Columbus	0 1	H	43209	0 9	217	1 3		500.00
Full Name of Contributor Registration Number, if P.							С	
Recovery PAC					C00442277			
Street Address	Employer/0				Form (Cash, Chec	ek, etc.)		
182 E North Broadway Street		_				Check		
City	State		Zip Code	М	D	Υ	Amount	
Columbus	0 1	Н	43214	0 9				700.00
Full Name of Contributor				Registrat	tion Numl	ber, if PA	С	
Gerald F Hinkle II								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)
PO Box 20246	Robe	/eiler Co/Real Est	ate Appraiser			Check		
City	State		Zip Code	M	D	Y	Amount	
Columbus	0	Н	43220	1 0	0 4	1 3		500.00
Full Name of Contributor Registration Number, if PAG							С	
Michael J Underwood/Porter Wright Morris & Arthur LLP								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
41 South High Street	Porte	right Morris & Ar	hur/Attornev			Check_		
City	State		Zip Code	М	D	Y	Amount	
Columbus	0	H	43215	1 0	0 9	113		5 <u>00.00</u>
Full Name of Contributor Registration Number, if PAC								
Jan R Ross								
Street Address	Employer/	tion/Labor Organization*				Form (Cash, Che	ck, etc.)	
1282 Bayboro Drive	<u> </u>						Check	
City	State		Zip Code	M <sub>.</sub>	Ð	Y	Amount	
New Albany	01	H	43054		0 9			25.00
Full Name of Contributor					Registration Number, if PAC			
Wiles Boyle Burkholder Bringardner Co LPA PAC CP 1058								
Street Address	Employer/	tion/Labor Organization*				Form (Cash, Che	ck, etc.)	
300 Spruce Street	<u> </u>			,			Check	
City	Stat		Zip Code	M.	D	Y	Amount	
Columbus	01	H	43215	110	1 5	113		250.00
Full Name of Contributor				Registra	tion Num	ber, if PA	ıc	
Brookewood Construction Company				<u> </u>				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck., etc.)
120 North High Street				T		1	Check	
City	Stat		Zip Code	M	D	Y	Amount	400.00
Gahanna	0 1	H	43230	1 0			<u> </u>	100.00
Full Name of Contributor Registration Number, if PAC								
Douglas Maddy/Mill Street Partners								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
120 North High Street	Mill Street Partners			Т	Check			
City	Stat		Zip Code	M	D	Y	Amount	100.00
Gahanna	0	H	43230	1 0	115	1 3	name of the	100.00

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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,675.00