

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Citizens for a Strong Gahanna</b>							
Full Name of Contributor <b>Gerald Kesselring</b>					Registration Number, if PAC		
Street Address <b>469 Maplebrooke Drive East</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43082</b>	M <b>0   9</b>	D <b>1   9</b>	Y <b>1   3</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Funtrail Vehicle Accessories</b>					Registration Number, if PAC		
Street Address <b>3966 Indianola Avenue</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	M <b>0   9</b>	D <b>2   5</b>	Y <b>1   3</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Marc Miller</b>					Registration Number, if PAC		
Street Address <b>608 Sycamore Mill Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>0   9</b>	Y <b>1   3</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Toinette Wills</b>					Registration Number, if PAC		
Street Address <b>469 Beaverbrook Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>1   6</b>	Y <b>1   3</b>	Amount <b>10.00</b>	
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	
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 appear. (R.C. 3517.10(B)(4))

Page Total \$ 520.00