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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	_					
Citizens for a Strong Gahanna Full Name of Contributor			Davisas	dan Man	has iCDA	C
			Registra	tion (vini	ber, if PA	C
Gerald Kesselring Street Address	IE1					Form (Cash, Check, etc.)
	Employer/Occup	pation/Labor Organization*				•
469 Maplebrooke Drive East		Var. a. i	1	T		Credit Card
City 147 - star = 111 -	State   H	Zip Code	M	D	Y	Amount ⊃=0.00
Westerville	I O I H	43082		1 9		250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Funtrail Vehicle Accessories	1					
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
3966 Indianola Avenue		-				Credit Card
City	State	Zip Code	M	D	Y	Атошт
Columbus	O   H	43214	0 9	2   5		250.00
Full Name of Contributor			Registra	tion Nur	ber, if PA	C
Marc Miller						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
608 Sycamore Mill Drive						Credit Card
City	State	Zip Code	M	D	Y	Amount
Gahanna	O + H	43230	110	0 9		_10.00
Full Name of Contributor	<del></del> -		Registra	tion Num	ber, if PA	С
Toinette Wills						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
469 Beaverbrook Drive						Credit Card
City	State	Zip Code	М	D	Y	Amount
Gahanna	O + H	43230	110	1 6	1 3	10.00
Full Name of Contributor			Registra	tion Nur	ber, if PA	С
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	-		Registra	tion Nun	ber, if PA	C
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
					1	
Full Name of Contributor	<u>'</u>		Registra	tion Nun	ber, if PA	C
Street Address	Employer/Occu	pation/Labor Organization*		-		Form (Cash, Check, etc.)
		, -				
City	State	Zip Code	M	Đ	Y	Amount
City	1		1 +	Li	lι	
Full Name of Contributor Registration Number, if PAC						C
The state of commons						
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
outer runtess	I I I I I I I I I I I I I I I I I I I	L				
Cinc	State	Zip Code	М	D	l y	Amount
City	j j		"	Ĩ	Ιi	2—-
1. Company of the com	<del></del>	didates. If contributor is self-em	ا ا	<u> </u>	4 - 4 -	

\* 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 S	520.00