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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					In the standard Space					
Name of Contributor					Registration Number, if PAC					
FOP Political Education Fund							r. (C. l. C	-1		
Street Address	Employer	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
6800 Schrock Hill Ct							Check			
City	Sta		Zip Code	M	D	Y	Amount			
Columbus	0	Н	43229	0 4		1 3		1,000.00		
Full Name of Contributor Registration Number, if PAC										
Michael J. Underwood										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
891 Dark Star Ave	Port	Porter Wright/Attorney			_			Check		
City	Sta	te	Zip Code	М	Ð	Y	Amount			
Gahanna	01	Н	43230	0 4	2 4	1 3		100.00		
Full Name of Contributor	Registration Number, if PAC									
Porter Wright										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Cl	heck, etc.)		
41 South High Street							Check			
City	Sta	ie	Zip Code	М	D	Y	Amount			
Columbus	\perp_{0}	Н	43215	0 4	214	1 3		500.00		
Full Name of Contributor	1 9 .					ber, if PA	С			
Orchard, Hiltz & McCliment, Inc.										
Street Address	Employer	/Occupa	ation/Labor Organization*			-	Form (Cash, Cl	heck, etc.)		
34000 Plymouth Road	Employer Occupation Calculation						Check			
City	Sta	te	Zip Code	I M	D	ΙΥ	Amount			
Livonia	M	 I	48150	014	2 5			1,000.00		
Full Name of Contributor	101 1		1 40100			ber, if PA	r	1,000.00		
run Name of Commonion	-			1.02.50.0			_			
Street Address	Icanione	ntion (Labor Organization*				Form (Cash, C	heck etc.)			
Street Address	Limpioyer	Employer/Occupation/Labor Organization*						,		
0.	Sta		Tria Cada	М	D	Y	Amount	-		
City	512	ше	Zip Code	"	۱ĭ	l i	Allioun			
	1!			Parietes	tion Num	ber, if PA				
Full Name of Contributor				Registra	поп маг	ioei, ii FA	·C			
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)				
Street Address	Form (Casi, Check, Etc.)				ueck, etc.)					
			Ta: a .	T	<u> </u>					
City	Sta	ite	Zip Code	M	D	Y	Amount			
] _			 	<u> </u>	1 1070				
Full Name of Contributor						Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C	heck, etc.)		
				,	,	-				
City	Sta	ite .	Zip Code	M	D	Y	Amount			
					<u> </u>					
Full Name of Contributor Registration Number, if PAC										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C	heck, etc.)		
								_		
City	Sta	ate	Zip Code	М	D	Y	Amount			
1							<u> </u>			

* 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 \$ 2,600.00