31-A
R.C. 3517.10

2

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
STAGE For Mayor									
Full Name of Contributor	**Registration Number, if PAC**								
William J. Cahill									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
2470 Merrybell Ct								CK	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	08	26	15			250.00	
Full Name of Contributor	**Registration Number, if PAC**								
GARY L. Kerasure									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
4730 Saint Andrews Dr								CK	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	08	26	15			250.00	
Full Name of Contributor	**Registration Number, if PAC**								
KATIE M. HAZL									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
4324 St Paul Rd								CK	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Achville	OH	43103	08	26	15			250.00	
Full Name of Contributor	**Registration Number, if PAC**								
William R. Cline									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
5615 Fosnaugh School Rd SW								CK	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
STOUTSville	OH	43154	08	26	15			250.00	
Full Name of Contributor	**Registration Number, if PAC**								
Richard H. McCall									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
5428 Haughn Rd								CK	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	08	26	15			250.00	
Full Name of Contributor	**Registration Number, if PAC**								
Thomas R. Clark									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
3083 Columbus St								CK	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	08	26	15			300.00	
Full Name of Contributor	**Registration Number, if PAC**								
William A. Quinn									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
4427 Broadway								CK	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Grove City	OH	43123	08	31	15			250.00	
Full Name of Contributor	**Registration Number, if PAC**								
Committee For John Schneider									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
865 Macon Alley								CK	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus,	OH	43206	09	22	15			250.00	

* 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)]

2050

Page Total $ 2,050.00