R.C. 3517.10

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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**	
DAVID B KOCH						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1640 Stage Ct.						ck
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Grove City	OH	43123	11	19	15	200.00
Full Name of Contributor					**Registration Number, if PAC**	
Grove City Area Republican Club						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
5580 Meadow Grove Dr						ck
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Grove City	OH	43123	11	19	15	200.00
Full Name of Contributor					**Registration Number, if PAC**	
William C. Myers						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
947 Pinnacle Club Dr.						ck
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Grove City	OH	43123	11	19	15	50.00
Full Name of Contributor					**Registration Number, if PAC**	
Sandra L. Larger						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
3323 Park St.						ck
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Grove City	OH	43123	11	19	15	50.00
Full Name of Contributor					**Registration Number, if PAC**	
Sharon L. Moffatt						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
2600 Greenhaven Dr.						ck
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Troy	OH	45373	11	19	15	150.00
Full Name of Contributor					**Registration Number, if PAC**	
Ronald L. Fleming						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
947 Pinnacle Club Dr						ck
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Grove City	OH	43123	11	19	15	100.00
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 also appear. [R.C. 3517.10(B)(4)]

Page Total $ 750.00