3517.
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	
Robert W. Gardner								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
2162 Birch Bark Trail								ck
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	10	29	15		250.00	
Full Name of Contributor							Registration Number, if PAC	
Diane H. Forrester								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
4673 Clawburn Ct								ck
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	10	29	15		150.00	
Full Name of Contributor							Registration Number, if PAC	
Jeanne Barbee								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
6450 Borror Rd								ck
City	State	Zip Code	M	D	Y		Amount	
ORIENT	OH	43146	10	29	15		100.00	
Full Name of Contributor							Registration Number, if PAC	
Bernice W. Chaddock								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
3229 Kingston Ave.								ck
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	10	29	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
MARTHA A. ADAMS								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
4317 Hoover Rd								ck
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	10	29	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
Martha A. Adams								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
4317 Hoover Rd.								ck
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	10	29	15		50.00	
Full Name of Contributor							Registration Number, if PAC	
Mark R. List								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
4596 Bent Creek Pl								ck
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	10	29	15		25.00	
Full Name of Contributor							Registration Number, if PAC	
Kassandra Boso								
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)
1894 Creek Crossing Ct.								ck
City	State	Zip Code	M	D	Y		Amount	
Grove City	OH	43123	10	29	15		50.00	

* 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)]

Page Total $ 725.00

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