31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Stace For Mayor								
Full Name of Contributor							**Registration Number, if PAC**	
Joseph M. Smiley								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
8084 Winter Hill Ct								ck
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Westerville	OH	43081	10	20	15			200.00
Full Name of Contributor							**Registration Number, if PAC**	
S. Dale Leach								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
2732 Woodgrove Dr.								ck
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	10	20	15			50.00
Full Name of Contributor							**Registration Number, if PAC**	
K. Susan Corbin								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
4460 Hoover Rd								ck
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	10	20	15			200.00
Full Name of Contributor							**Registration Number, if PAC**	
Central Ohio Realtors PAC							Local	
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
2700 Airport Drive								ck
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43219	10	20	15			500.00
Full Name of Contributor							**Registration Number, if PAC**	
JACK Middendorf								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
2324 Berry Hill Dr.								ck
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	10	29	15			100.00
Full Name of Contributor							**Registration Number, if PAC**	
Daniel R. Helmick								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
3430 Watercourt Ct.								ck
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Columbus	OH	43221	10	29	15			200.00
Full Name of Contributor							**Registration Number, if PAC**	
Denise D. Breckenridge								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
45060 Kay Ct.								ck
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	10	29	15			100.00
Full Name of Contributor							**Registration Number, if PAC**	
Todd R. Hurley								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
4704 Tealbury Sq. S.								ck
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	10	29	15			100.00

* 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 $ 1,450.00

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