

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Stage for Mayor</u>							
Full Name of Contributor <u>Amy Mosbiter</u>						Registration Number, if PAC	
Street Address <u>1020 White Road</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>	M <u>0</u>	D <u>1</u>	Y <u>23</u>	Amount <u>300.00</u>	
Full Name of Contributor <u>John Roper</u>						Registration Number, if PAC	
Street Address <u>1400 Dublin Rd</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>	M <u>0</u>	D <u>1</u>	Y <u>23</u>	Amount <u>200.00</u>	
Full Name of Contributor <u>Sharon Moffatt</u>						Registration Number, if PAC	
Street Address <u>2600 Greenlawn Dr.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>Troy</u>	State <u>OH</u>	Zip Code <u>45373</u>	M <u>0</u>	D <u>1</u>	Y <u>23</u>	Amount <u>100.00</u>	
Full Name of Contributor <u>Leroy L. Geyer</u>						Registration Number, if PAC	
Street Address <u>2110 White Road</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>	M <u>04</u>	D <u>29</u>	Y <u>15</u>	Amount <u>100.00</u>	
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	
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 \$ 700.00