## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Ron Grossman			F2		L 'en '	<i>C</i>	
ull Name of Contributor			Registra	Registration Number, if PAC			
Leslie A Bostic				_		6 (0 ) 6 ) ( )	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1898 Seaside Circle		T		T 5	T	Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	O   H	43123	1 0				
Full Name of Contributor			Registra	ation Num	iber, if PA	.C	
Citizens for Cheryl Grossma	n, Larry Earman, Tr	easurer				In (0 1 0)	
Street Address	Employer/Occu	*			Form (Cash, Check, etc.) Check		
City	State	Zip Code	М	D	Y	Amount	
Hilliard	0   H	43026	1 0	2 8	1 1	3,010.00	
Full Name of Contributor			Registr	ation Nun	iber, if PA	C	
Street Address	Employer/Occu	*			Form (Cash, Check, etc.)		
City	State	Zip Code	I M	T D	ΙΥ	Amount	
eny	June	2.17 0000	"	Ti	1		
Full Name of Contributor	<u> </u>		Registr	ation Nun	ber, if PA		
run Name of Contributor							
Street Address	Employer/Occur	pation/Labor Organization	*			Form (Cash, Check, etc.)	
Street Address	Employenocea	Employer/Occupation Endoor Organization				, (,,,	
Cir.	State	Zip Code	[ M	D	Y	Amount	
City	State	Z.p coot	1 "	15	1		
Full Name of Contributor			Registr	ation Nun	ber, if PA	SC	
Pull Maine of Contributor					,		
Street Address	Employer/Occu	<u> </u>			Form (Cash, Check, etc.)		
Sheet Address	Zampio) en occupanto a occupan					, , , ,	
City .	State	Zip Code	l M	D	Y	Amount	
					1 1		
Full Name of Contributor			Registr	ation Nun	iber, if P/	sC	
The state of Committee			ľ				
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
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City	State	Zip Code	M	D	Y	Amount	
City					1 1	ļ	
Full Name of Contributor			Registr	ation Nun	nber, if PA	\C	
Tun (Vaine of Constant)			ľ				
Street Address	Employer/Occu	pation/Labor Organization	1*			Form (Cash, Check, etc.)	
Silver Addition	<b>p</b>						
City	State	Zip Code	M	T D	Y	Amount	
City							
Full Name of Contributor		<u> </u>	Registr	ration Nun	nber, if PA	AC .	
,,							
Street Address	Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
	' ' ' ' ' ' ' '						
City	State	Zip Code	М	T D	Y	Amount	
1							
		1		_ '		•	

Page Total \$ 3,035.00

<sup>\*</sup> 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 appear. [R.C. 3517.10(B)(4)]