

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for a Safer Grove City							
Full Name of Contributor Jackson Township Professional Firefighters						Registration Number, if PAC	
Street Address P.O. Box 176			Employer/Occupation/Labor Organization* IAFF Local 2672			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 0	D 8	Y 2	Amount \$2,500.00
Full Name of Contributor Gary L. Sigrist Jr.						Registration Number, if PAC	
Street Address 2164 Gingerwood Ct.			Employer/Occupation/Labor Organization* Consultant			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 0	D 9	Y 0	Amount \$100.00
Full Name of Contributor ACE Truck Body, Inc.						Registration Number, if PAC	
Street Address 1600 Thrailkill Rd.			Employer/Occupation/Labor Organization* ACE Truck Body, Inc.			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 0	D 9	Y 0	Amount \$800.00
Full Name of Contributor Jody Burris						Registration Number, if PAC	
Street Address 4375 Shirlene Court			Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 0	D 9	Y 0	Amount \$200.00
Full Name of Contributor Barbara Cantrell						Registration Number, if PAC	
Street Address 2700 Brunswick Dr.			Employer/Occupation/Labor Organization* Jackson Township Fire Department			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 0	D 9	Y 0	Amount \$100.00
Full Name of Contributor Michael Creamer						Registration Number, if PAC	
Street Address 2546 Clark Dr.			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 0	D 9	Y 0	Amount \$50.00
Full Name of Contributor Adam Kirkland						Registration Number, if PAC	
Street Address 9325 Magnolia St.			Employer/Occupation/Labor Organization* Medic Student			Form (Cash, Check, etc.) Check	
City Orient		State OH	Zip Code 43146	M 0	D 9	Y 0	Amount \$50.00
Full Name of Contributor Cheryl Grossman						Registration Number, if PAC	
Street Address 3143 Park St.			Employer/Occupation/Labor Organization* Ohio State Representative			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 0	D 9	Y 1	Amount \$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)]