

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full							
STAGE for Mayor							
Full Name of Contributor						Registration Number, if PAC	
Rodney J. Evans							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2464 Martha's Wood					CK		
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	08	15	15	250 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Richard H. McCall							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5920 Hargrave Rd					CK		
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	08	26	15	250 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Benjamin R. Brown							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4090 Hargrave Rd					ck		
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	08	26	15	250 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
FRANK J. Cipriano							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3400 River Home Lane					ck		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43221	08	26	15	250 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
John R. Jones							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
390 FRANK RD					ck		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43207	08	16	15	250 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Jeffrey Cahill							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6336 Lakeview Dr. E.					ck		
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43123	08	26	15	250 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
Gerald H. Bennett							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4695 Olentangy Blvd.					ck		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43214	08	26	15	250 ⁰⁰	
Full Name of Contributor						Registration Number, if PAC	
R. K. Kerns							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1902 Lake Shore Dr					ck		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43204	08	26	15	250 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 \$ 2000⁰⁰