Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full										
LeVally for Grove City										
Full Name of Contributor				Registi	ratio	n Nun	ber, if Pa	/C		
James R Thompson	T									
Street Address	Employer, Occupation/Labor Organization*						Form (Cash, Check, etc.)			
5444 Spring Hill Road	Yellow Freight-Roadway corp							cash		
City	State		Zip Code	M	-	Ð	Y	Amount		
Grove City	0 0	J	43123				1 1			
Full Name of Contributor				Registi	ratio	n Nun	iber, if Pa	AC.		
James R Thompson	Frankrich Charles Char							F (0 1 6) 1		
Street Address	Employer Occupation/Labor Organization*						Form (Cash, Check, etc.)			
5444 Spring Hill Road	Yellow Freight-Roadway corp									
City	State		Zip Code	M		D	Y	Amount		
Grove City	O	Н	43123	1016) 9	111	1.00		
Full Name of Contributor Registration Number, if PAC										
C. 4.11	Ir i o							Const (Costs Church 1945)		
Street Address	Employer/Oc	tion/Labor Organization*					Form (Cash. Check. etc.)			
6.	State		Zip Code	M	_	D	Y	Amount		
City	State		121p Code	I IVI		۷	'	Amount		
F.B.V		-		D			h : CD	A.C.		
Full Name of Contributor						Registration Number, if PAC				
Street Address Employer Occupation Labor Organization*						Form (Cash, Check, etc.)				
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City	State		Zip Code	М	T	D	Y	Amount		
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Full Name of Contributor	<u> </u>		<u> </u>	Regist	ratio	n Nun	ber, if P	AC .		
Street Address	Employer Oc					Form (Cash, Check, etc.)				
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City	State		Zip Code	М	Т	D	Y	Amount		
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Full Name of Contributor				Registi	ratio	n Nuit	ber, if Pa	AC .		
Street Address	Employer Occupation/Labor Organization*							Form (Cash, Check, etc.)		
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City	State		Zip Code	М	Т	D	Y	Amount		
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Full Name of Contributor				Regist	ratio	n Nwi	iber, if Pa	AC		
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Street Address	Employer Occupation Labor Organization*							Form (Cash, Check, etc.)		
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City	State		Zip Code	M		D	Y .	Amount		
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Full Name of Contributor Registration Number, if PAC							AC			
Street Address Employer, Occupation/Labor Organization*							In (0.1.0)			
Street Address	Employer Oc					Form (Cash, Check, etc.)				
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City	State		Zip Code	M		D	Y	Amount		
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Page Total \$ 2.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]