

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Ron Grossman							
Full Name of Contributor Larry J Earman					Registration Number, if PAC		
Street Address 4369 Shire Creek Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 9	D 3 0	Y 1 1	Amount 100.00	
Full Name of Contributor Ronald R Kientz					Registration Number, if PAC		
Street Address 5403 Beatty Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 3 0	Y 1 1	Amount 25.00	
Full Name of Contributor Nancy B Patzer					Registration Number, if PAC		
Street Address 3639 Orders Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 3 0	Y 1 1	Amount 25.00	
Full Name of Contributor William E Saxton					Registration Number, if PAC		
Street Address 3703 Broadway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M ne 9	D 3 0	Y 1 1	Amount 100.00	
Full Name of Contributor Susanne Hirth					Registration Number, if PAC		
Street Address 1850 Holton Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 3 0	Y 1 1	Amount 75.00	
Full Name of Contributor Jody E Burris					Registration Number, if PAC		
Street Address 4375 Shirlene Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 3 0	Y 1 1	Amount 25.00	
Full Name of Contributor Nelson Kohman					Registration Number, if PAC		
Street Address 680 Havens Corners Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 3 0	Y 1 1	Amount 250.00	
Full Name of Contributor Wallace D Lewellyn					Registration Number, if PAC		
Street Address 5385 Hoover Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 3 0	Y 1 1	Amount 25.00	

* 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)]