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Statement of Contributions Received

Prescribed by Secretary of State 3/05

							
Name of Committee in Full							
Citizens for Ron Grossman				100.0			
Full Name of Contributor				Registration Number, if PAC			
Larry J Earman					T.	E (C.). C.	ale ata X
Street Address	Employer/Occu	pation/Labor Organization*			ŀ	Form (Cash, Che	ck, etc.)
4369 Shire Creek Ct						Check	
City	State	Zip Code	M	D	. 1	Amount	100.00
Hilliard	O H	43026	0 9		1 1		100.00
Full Name of Contributor		1	Registrati	on Numb	er, if PAC	<i>;</i>	
Ronald R Kientz		· .				- 10 1 21	1
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
5403 Beatty Road						Check	
City	State	Zip Code	М	D	. 1	Amount	ar 00
Grove City	0 H	43123		3 0	1 1		<u> 25.00</u>
Full Name of Contributor		<u>-</u> -,	Registrati	on Numb	er, if PA	C	
Nancy B Patzer						Form (Cash, Che	
Street Address	Employer/Occi					eck, etc.)	
3639 Orders Road				_		Check	
City	State	Zip Code	M	D	Y	Amount	25.00
Grove City	<u> </u>	43123	0 9	3 0	1 1		25.00
Full Name of Contributor			Registrati	ion Numb	er, if PA	С	
William E Saxton							
Street Address	Employer/Occ		Form (Cash, Check, etc.)				
3703 Broadway			Check				
City	State	Zip Code	M	D	Y	Amount	
Grove City	0 5	43123	ne 9		1 1		100.00
Full Name of Contributor			Registrat	ion Numb	er, if PA	С	
Susanne Hirth						<u> </u>	
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Ch	eck, etc.)
1850 Holton Road						Check	
City	State	Zip Code	М	D	Y	Amount	
Grove City	0 1	l 43 <u>123</u>			1 1	<u>L</u>	75.00
Full Name of Contributor			Registrat	tion Numb	er, if PA	.C	
Jody E Burris							
Street Address	Employer/Occ					Form (Cash, Check, etc.)	
4375 Shirlene Ct.						Check	
City	State	Zip Code	М	D	Y	Amount	
Grove City	015	d 43123	0 9	3 0	1 1		<u>25.00</u>
Full Name of Contributor	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Registrat	tion Numb	ber, if PA	IC	
Nelson Kohman							
Street Address	Employer/Occupation/Labor Organization*						neck, etc.)
680 Havens Corners Rd	1					Check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna	01+	1 43230		3 0			250.0 <u>0</u>
Full Name of Contributor			Registra	tion Num	ber, if PA	VC	
Wallace D Lewellyn			1				
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*				Form (Cash, Cl	neck, etc.)
5385 Hoover Rd						Check	
City	State	Zip Code	М	D	Y	Amount	
Grove City	0 1	43123	019	310	1 1		25 <u>.00</u>

Page Total \$ 625.00

^{*} 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)]