

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Committee to ReElect Wm Hotz</u>							
Full Name of Contributor <u>BRINN L BOGGS</u>						Registration Number, if PAC	
Street Address <u>3812 Georgesville Wri-Pa</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>GROVE CITY</u>		State <u>OH</u>	Zip Code <u>43123</u>		M <u>0</u>	D <u>9</u>	Y <u>2</u>
						Amount <u>100.-</u>	
Full Name of Contributor <u>DICK McCALL</u>						Registration Number, if PAC	
Street Address <u>5928 HAUGHN RD</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>GROVE CITY</u>		State <u>OH</u>	Zip Code <u>43123</u>		M <u>0</u>	D <u>9</u>	Y <u>0</u>
						Amount <u>150.-</u>	
Full Name of Contributor <u>ANNABELLE ROBINSON</u>						Registration Number, if PAC	
Street Address <u>2315 Milligan Grove</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>GROVE CITY</u>		State <u>OH</u>	Zip Code <u>43123</u>		M <u>0</u>	D <u>9</u>	Y <u>2</u>
						Amount <u>100.-</u>	
Full Name of Contributor <u>ROBERT HAYMAN</u>						Registration Number, if PAC	
Street Address <u>2152 BERRY HILL DR</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>GROVE CITY</u>		State <u>OH</u>	Zip Code <u>43123</u>		M <u>0</u>	D <u>9</u>	Y <u>2</u>
						Amount <u>50.-</u>	
Full Name of Contributor <u>JOHN W ROYER</u>						Registration Number, if PAC	
Street Address <u>1480 Dublin Rd</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>COLUMBUS</u>		State <u>OH</u>	Zip Code <u>43215</u>		M <u>0</u>	D <u>9</u>	Y <u>2</u>
						Amount <u>100.-</u>	
Full Name of Contributor <u>JACK D DILLON</u>						Registration Number, if PAC	
Street Address <u>2565 ST. RT. 323</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>SOUTH SOLON</u>		State <u>OH</u>	Zip Code <u>43153</u>		M <u>0</u>	D <u>9</u>	Y <u>2</u>
						Amount <u>100.00</u>	
Full Name of Contributor <u>G C Kosbab</u>						Registration Number, if PAC	
Street Address <u>3059 CATAN LOOP</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>GROVE CITY</u>		State <u>OH</u>	Zip Code <u>43123</u>		M <u>1</u>	D <u>0</u>	Y <u>3</u>
						Amount <u>50.-</u>	
Full Name of Contributor <u>DAVID M GILBANE</u>						Registration Number, if PAC	
Street Address <u>1352 CRESTVIEW ST</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>ck</u>	
City <u>REYNOLDSBURG</u>		State <u>OH</u>	Zip Code <u>43068</u>		M <u>1</u>	D <u>0</u>	Y <u>3</u>
						Amount <u>150</u>	

* 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)]