

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Ron Grossman							
Full Name of Contributor Daniel L Longenette						Registration Number, if PAC	
Street Address 1558 Hiner Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Orient	State O H	Zip Code 43146	M 0	D 9	Y 3 0	Amount 25.00	
Full Name of Contributor Roberta A Brennan						Registration Number, if PAC	
Street Address 5965 Haughn Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 0 7	Amount 25.00	
Full Name of Contributor Pamela S Harrison						Registration Number, if PAC	
Street Address 5975 Grant Run Pl			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 0 7	Amount 25.00	
Full Name of Contributor Robert F Halley						Registration Number, if PAC	
Street Address 7000 Young Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 0 7	Amount 50.00	
Full Name of Contributor T Richard Barbee, Jr						Registration Number, if PAC	
Street Address 6950 Borrer Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 0 7	Amount 100.00	
Full Name of Contributor Cynthia A Koch						Registration Number, if PAC	
Street Address 3971 Hoover Rd			Employer/Occupation/Labor Organization* Koch Engineering Group LLC			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 2 0	Amount 50.00	
Full Name of Contributor Bernadine M Wallace						Registration Number, if PAC	
Street Address 5952 Grant Run Pl.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 1	D 0	Y 2 0	Amount 100.00	
Full Name of Contributor Contributions from Form No. 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M 0	D 9	Y 1 8	Amount 2,425.00	

* 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)]