

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

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|                                                           |  |                    |                                         |                          |  |               |                                          |               |  |
|-----------------------------------------------------------|--|--------------------|-----------------------------------------|--------------------------|--|---------------|------------------------------------------|---------------|--|
| Name of Committee in Full<br><b>Friends of Jeff Davis</b> |  |                    |                                         |                          |  |               |                                          |               |  |
| Full Name of Contributor<br><b>Thomas D. Norris</b>       |  |                    |                                         |                          |  |               | Registration Number, if PAC              |               |  |
| Street Address<br><b>6712 Ridpath Rd</b>                  |  |                    | Employer/Occupation/Labor Organization* |                          |  |               | Form (Cash, Check, etc.)<br><b>check</b> |               |  |
| City<br><b>Grove City</b>                                 |  | State<br><b>OH</b> |                                         | Zip Code<br><b>43123</b> |  | M<br><b>0</b> |                                          | D<br><b>9</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>2</b> |                                          | Y<br><b>1</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>1</b> |                                          | Y<br><b>5</b> |  |
| Amount<br><b>\$500.00</b>                                 |  |                    |                                         |                          |  |               |                                          |               |  |
| Full Name of Contributor<br><b>the success group</b>      |  |                    |                                         |                          |  |               | Registration Number, if PAC              |               |  |
| Street Address<br><b>172 E. State St Suite 400</b>        |  |                    | Employer/Occupation/Labor Organization* |                          |  |               | Form (Cash, Check, etc.)<br><b>check</b> |               |  |
| City<br><b>Columbus</b>                                   |  | State<br><b>OH</b> |                                         | Zip Code<br><b>43215</b> |  | M<br><b>0</b> |                                          | D<br><b>8</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>1</b> |                                          | Y<br><b>4</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>1</b> |                                          | Y<br><b>5</b> |  |
| Amount<br><b>\$300.00</b>                                 |  |                    |                                         |                          |  |               |                                          |               |  |
| Full Name of Contributor<br><b>Michael Uhrin</b>          |  |                    |                                         |                          |  |               | Registration Number, if PAC              |               |  |
| Street Address<br><b>5580 Meadowgrove Drive</b>           |  |                    | Employer/Occupation/Labor Organization* |                          |  |               | Form (Cash, Check, etc.)<br><b>check</b> |               |  |
| City<br><b>Grove City</b>                                 |  | State<br><b>OH</b> |                                         | Zip Code<br><b>43123</b> |  | M<br><b>0</b> |                                          | D<br><b>9</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>0</b> |                                          | Y<br><b>9</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>1</b> |                                          | Y<br><b>5</b> |  |
| Amount<br><b>\$500.00</b>                                 |  |                    |                                         |                          |  |               |                                          |               |  |
| Full Name of Contributor<br><b>Gary L. Leasure</b>        |  |                    |                                         |                          |  |               | Registration Number, if PAC              |               |  |
| Street Address<br><b>4780 Saint Andrews Drive</b>         |  |                    | Employer/Occupation/Labor Organization* |                          |  |               | Form (Cash, Check, etc.)<br><b>check</b> |               |  |
| City<br><b>Grove City</b>                                 |  | State<br><b>OH</b> |                                         | Zip Code<br><b>43123</b> |  | M<br><b>0</b> |                                          | D<br><b>9</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>2</b> |                                          | Y<br><b>4</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>1</b> |                                          | Y<br><b>5</b> |  |
| Amount<br><b>\$1,000.00</b>                               |  |                    |                                         |                          |  |               |                                          |               |  |
| Full Name of Contributor<br><b>Ginni D Ragan</b>          |  |                    |                                         |                          |  |               | Registration Number, if PAC              |               |  |
| Street Address<br><b>300 W. Spring St #1602</b>           |  |                    | Employer/Occupation/Labor Organization* |                          |  |               | Form (Cash, Check, etc.)<br><b>check</b> |               |  |
| City<br><b>Columbus</b>                                   |  | State<br><b>OH</b> |                                         | Zip Code<br><b>43215</b> |  | M<br><b>0</b> |                                          | D<br><b>9</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>1</b> |                                          | Y<br><b>7</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>1</b> |                                          | Y<br><b>5</b> |  |
| Amount<br><b>\$1,000.00</b>                               |  |                    |                                         |                          |  |               |                                          |               |  |
| Full Name of Contributor<br><b>Robert D. Swanson</b>      |  |                    |                                         |                          |  |               | Registration Number, if PAC              |               |  |
| Street Address<br><b>2737 Clark Drive</b>                 |  |                    | Employer/Occupation/Labor Organization* |                          |  |               | Form (Cash, Check, etc.)<br><b>check</b> |               |  |
| City<br><b>Grove City</b>                                 |  | State<br><b>OH</b> |                                         | Zip Code<br><b>43123</b> |  | M<br><b>0</b> |                                          | D<br><b>9</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>1</b> |                                          | Y<br><b>5</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>1</b> |                                          | Y<br><b>5</b> |  |
| Amount<br><b>\$500.00</b>                                 |  |                    |                                         |                          |  |               |                                          |               |  |
| Full Name of Contributor<br><b>David Bright</b>           |  |                    |                                         |                          |  |               | Registration Number, if PAC              |               |  |
| Street Address<br><b>2916 Buxton Ln</b>                   |  |                    | Employer/Occupation/Labor Organization* |                          |  |               | Form (Cash, Check, etc.)<br><b>check</b> |               |  |
| City<br><b>Grove City</b>                                 |  | State<br><b>OH</b> |                                         | Zip Code<br><b>43123</b> |  | M<br><b>0</b> |                                          | D<br><b>9</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>2</b> |                                          | Y<br><b>2</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>1</b> |                                          | Y<br><b>5</b> |  |
| Amount<br><b>\$100.00</b>                                 |  |                    |                                         |                          |  |               |                                          |               |  |
| Full Name of Contributor<br><b>Diana Hannon Forrester</b> |  |                    |                                         |                          |  |               | Registration Number, if PAC              |               |  |
| Street Address<br><b>4373 Clayburn Ct</b>                 |  |                    | Employer/Occupation/Labor Organization* |                          |  |               | Form (Cash, Check, etc.)<br><b>check</b> |               |  |
| City<br><b>Grove City</b>                                 |  | State<br><b>OH</b> |                                         | Zip Code<br><b>43123</b> |  | M<br><b>0</b> |                                          | D<br><b>9</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>2</b> |                                          | Y<br><b>2</b> |  |
|                                                           |  |                    |                                         |                          |  | Y<br><b>1</b> |                                          | Y<br><b>5</b> |  |
| Amount<br><b>\$100.00</b>                                 |  |                    |                                         |                          |  |               |                                          |               |  |

\* 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)]

Page Total **\$4,000.00**