31-A
R.C. 3517.10

Page 5

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full													
Schottke for G C													
Full Name of Contributor												**Registration Number, if PAC**	
Cheryl Moore													
Street Address		**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**
556 Penn St													Check
City		**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**
Galloway		OH	43119	0	9	0	8	1	3				50. ^cc
Full Name of Contributor												**Registration Number, if PAC**	
Judith A. + Reynold Molino													
Street Address		**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**
1 Miranova Pl Ste 1105													Check
City		**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**
Columbus,		OH	43215	0	9	0	5	1	3				50. ^cc
Full Name of Contributor												**Registration Number, if PAC**	
Citizens for Cheryl Grossman													
Street Address		**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**
3955 Brown Park Dr. Suite A													Check
City		**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**
Hilliard		OH	43026	0	9	0	4	1	3				100. ^cc
Full Name of Contributor												**Registration Number, if PAC**	
Jon C Roach													
Street Address		**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**
3980 Broadway													Check
City		**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**
Grove City		OH	43123	0	9	0	1	1	3				50. ^cc
Full Name of Contributor												**Registration Number, if PAC**	
Denise M. Baumbusch													
Street Address		**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**
1654 Osage Ct.													Check
City		**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**
Grove City		OH	43123	0	8	2	0	1	3				50. ^cc
Full Name of Contributor												**Registration Number, if PAC**	
Ronald D + Josephine M. Eberhard													
Street Address		**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**
1533 Eber-hee Vista													Check
City		**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**
Grove City		OH	43123	0	9	0	3	1	3				200. ^cc
Full Name of Contributor												**Registration Number, if PAC**	
Leslie A. Bostic													
Street Address		**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**
1798 Seaside Circle													Check
City		**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**
Grove City		OH	43123	0	9	0	4	1	3				75. ^cc
Full Name of Contributor												**Registration Number, if PAC**	
David M + Kathleen M. Bright													
Street Address		**Employer/Occupation/Labor Organization***											**Form (Cash, Check, etc.)**
2916 Buxton Lane													Check
City		**State**	**Zip Code**	**M**		**D**		**Y**					**Amount**
Grove City		OH	43123	0	9	0	5	1	3				100. ^cc

* 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 $ 675.00