

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Schettke for G C</u>													
Full Name of Contributor <u>Thomas R. Clark</u>						Registration Number, if PAC							
Street Address <u>3083 Columbus St.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>							
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		M <u>09</u>		D <u>05</u>		Y <u>13</u>		Amount <u>\$200.⁰⁰</u>	
Full Name of Contributor <u>B.J. or Joanne Roach</u>						Registration Number, if PAC							
Street Address <u>3980 Broadway</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>							
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		M <u>09</u>		D <u>05</u>		Y <u>13</u>		Amount <u>\$200.⁰⁰</u>	
Full Name of Contributor <u>E. Michael & Margaret Spiers</u>						Registration Number, if PAC							
Street Address <u>6173 Seneca Ct.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>							
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		M <u>09</u>		D <u>12</u>		Y <u>13</u>		Amount <u>25.⁰⁰</u>	
Full Name of Contributor <u>Grove City Dental Expressions</u>						Registration Number, if PAC							
Street Address <u>3111 Columbus St.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>							
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		M <u>08</u>		D <u>05</u>		Y <u>13</u>		Amount <u>300.⁰⁰</u>	
Full Name of Contributor <u>Jim Rauck</u>						Registration Number, if PAC							
Street Address <u>4090 Haughn Rd.</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>							
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		M <u>08</u>		D <u>15</u>		Y <u>13</u>		Amount <u>200.⁰⁰</u>	
Full Name of Contributor <u>Richard E. Jameson</u>						Registration Number, if PAC							
Street Address <u>6151 Seneca Court</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>							
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		M <u>09</u>		D <u>21</u>		Y <u>13</u>		Amount <u>100.⁰⁰</u>	
Full Name of Contributor <u>Zili Li</u>						Registration Number, if PAC							
Street Address <u>5045 Bardwick Court</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>							
City <u>Barrington</u>		State <u>IL</u>		Zip Code <u>60010</u>		M <u>09</u>		D <u>22</u>		Y <u>13</u>		Amount <u>40.⁰⁰</u>	
Full Name of Contributor <u>John R. Grace h. Plotner</u>						Registration Number, if PAC							
Street Address <u>3880 Tamara Drive</u>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <u>Check</u>							
City <u>Grove City</u>		State <u>OH</u>		Zip Code <u>43123</u>		M <u>09</u>		D <u>09</u>		Y <u>13</u>		Amount <u>10.⁰⁰</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)]

Page Total \$1075.⁰⁰