31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full								
Schottke for GC								
Full Name of Contributor							**Registration Number, if PAC**	
Clinton + Jennifer Rardon								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
2302 Josephine Circle								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	09	14	13			50.00
Full Name of Contributor							**Registration Number, if PAC**	
James E + Janet Y. Lester								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
2821 Homecomer Drive								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	09	20	13			100.00
Full Name of Contributor							**Registration Number, if PAC**	
Jeffrey Cahill								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
4334 Lakeview Dr. E.								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	09	27	13			50.00
Full Name of Contributor							**Registration Number, if PAC**	
Dan T or Marcella Witteman								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1578 Tuscarora Dr								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	09	27	13			25.00
Full Name of Contributor							**Registration Number, if PAC**	
Hugh W. + Marsha R. Garside								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
4431 Lambarde Street								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	09	24	13			50.00
Full Name of Contributor							**Registration Number, if PAC**	
Frank Bolen								
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
1546 Ojebwas Ct.								Cash
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Grove City	OH	43123	10	08	13			50.00
Full Name of Contributor							**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
Full Name of Contributor							**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**

* 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 $ 325.00