## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	<del></del>		<u> </u>					
Name of Committee in Full							ļ	
Citizens for Ron Grossman			Douistrati	Registration Number, if PAC				
Name of Contributor			registration runners, it is to					
Larry J Earman	- Io	ation/Labor Organization*			I	Form (Cash, Che	ck etc.)	
Street Address	Employer/Occup		Form (Cash, Check, etc.)			ck, cic.)		
4369 Shire Creek Ct					· ·	Check_		
City	State	Zip Code	M	D		Amount	100.00	
Hilliard	O   H	43026	0 9		1 1		100.00	
Full Name of Contributor			Registrati	on Numbe	er, it PAC	•		
Ronald R Kientz		<u></u>						
Street Address	Employer/Occup			1	Form (Cash, Che	eck, etc.)		
5403 Beatty Road						Check		
City	State	Zip Code	M	D	. 1	Amount		
Grove City	O   H	43123	0 9		1 1	<u></u>	25.00	
Full Name of Contributor			Registrat	ion Numbe	er, if PAC			
Nancy B Patzer		. <u></u>						
Street Address	Employer/Occup	oation/Labor Organization*			· [	Form (Cash, Check, etc.)		
3639 Orders Road				_		Check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	O   H	43123	0 9	310	1 1		25.00	
Full Name of Contributor		<u></u>	Registrat	ion Numbe	er, if PAC			
William E Saxton								
Street Address	Employer/Occu	pation/Labor Organization*	<u></u>			Form (Cash, Ch	eck, etc.)	
3703 Broadway					l	Check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	OLH	43123	nel 9	310	1   1		100.00	
Full Name of Contributor		10120		ion Numb	cr, if PA	C		
Susanne Hirth								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	eck, etc.)	
1850 Holton Road		Employen coodparion salson organismon				Check		
City	State	Zip Code	М	D	Y	Amount	_	
1 1	OLH	1 '	019	310	1   1		75.00	
Grove City Full Name of Contributor		40120		tion Numb	er, if PA	C		
Jody E Burris	Employer/Occupation/Labor Organization*			_	Form (Cash, Ch	eck, etc.)		
Street Address	Employer occupation zavor organization				Check			
4375 Shirlene Ct.	State	Zip Code	М	D	Y	Amount		
City	OH	1 .		310	1 1		25.00	
Grove City	1011	40120		tion Numb				
Full Name of Contributor			1					
Nelson Kohman	[FaralauadOon	mation I shor Organization*				Form (Cash, Cl	neck, etc.)	
Street Address	Employer/Occupation/Labor Organization*						Check	
680 Havens Corners Rd		7:- C-4:	М	D	Y	Amount	<del></del>	
City	State	Zip Code		3 0	1 1	, mount	250.00	
Gahanna	O   H	43230	U   9	tion Numb	L L	<u>-</u> -	250.00	
Full Name of Contributor			Registra	mon remin	, n i A			
Wallace D Lewellyn	<u> </u>	the mark of the contract of the				Form (Cash, Cl	heck etc.)	
Street Address	Employer/Occupation/Labor Organization*				Check			
5385 Hoover Rd		Tri o i	1 1/		Y	Amount		
City	State	Zip Code	M	D	l .	Amoun	25 00	
Grove City	_ O <u> </u> H	l 43123	1019	3 0	<u> </u>	<u> </u>	25.00	

Page Total \$	625.00

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)]