Page <u>3</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

						 		
Name of Committee in Full								
Friends Of Jeff Davis								
ull Name of Contributor			Registration Number, if PAC					
Roger Craven								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, C	heck, etc.)	
6102 Winnebago				check				
City	State	Zip Code	М	D	Y	Amount		
Grove City	OH	43123	0 9	1 5	1 1		50.00	
Full Name of Contributor					er, if PA	С		
Gary Curry								
Street Address	Employer/Occu	pation/Labor Organization*	Form (Cash, Check, etc.)					
3515 Grove City Rd	' -					check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	OH	43123	019	2 5	111		1,000.00	
Full Name of Contributor	(OII)	40120			per, if PA	C	1,000.00	
Mark Davis								
Street Address	Employer/Occu	ipation/Labor Organization*	-			Form (Cash, C	heck, etc.)	
10958 Shadow Glen Dr	ismpioj en ecce	parioto impoji O Barrimani				check		
	State	Zip Code	М	D	Y	Amount		
City	OH	45140	0 9	1 3		r tinodic	100.00	
Loveland Full Name of Contributor	[Un]	45140			ber, if PA	<u> </u>	100.00	
			ixegistra	IIOH 140H	oci, ii i z		:	
Joyce Davis	Ir1/0					Form (Cash C	Thack atc.)	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2597 Vi-Lilly Cir E		Territoria	1.,	T 15	T 0	check		
City	State	Zip Code	M	D	Y	Amount	100.00	
Grove City	OH	43123		0 7		<u> </u>	100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	iC		
Diana Forrester								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
4623 Clayburn Ct						check		
City	State	Zip Code	M	D	Y	Amount		
Grove City	OH	43123	0 9				50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	ıC		
Jennifer Jackson		1.40						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1880 Seaside Cir						check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	OH	43123	0 9	0 7	1 1		20.00	
Full Name of Contributor					ber, if PA			
Cindy Kazalia			i					
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, C	Check, etc.)	
2608 Kenny Ln					check			
City	State	Zip Code	М	D	Y	Amount		
Grove City	OHI	43123	019	013	111		50.00	
Full Name of Contributor Registration Number, if PAC								
Jeff Killian								
Street Address	Employer/Occupation/Labor Organization Form (Cash, Chec					Check, etc.)		
5569 Spring Hill Road		check						
City	State	Zip Code	М	D	Y	Amount		
Grove City	OH	43123	nlo	2 8	1111	Į	100.00	
GIOVE CITY	TOIL	10140	10 7	<u> 1 U</u>				

Page Total \$	1,470.00

^{*} 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)]