Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full											
Citizens for Corbin											
Full Name of Contributor									**Registration Number, if PAC**		
Annabelle Robinson											
Street Address	**Employer/Occupation/Labor Organization***									**Form (Cash, Check, etc.)**	
2315 Milligan Grove										ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**					**Amount**	
Grove City	OH	43123	09	23	11					200.00	
Full Name of Contributor									**Registration Number, if PAC**		
Thomas R. Clark											
Street Address	**Employer/Occupation/Labor Organization***									**Form (Cash, Check, etc.)**	
3083 Columbus St.										ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**					**Amount**	
Grove City	OH	43123	09	23	11					100.00	
Full Name of Contributor									**Registration Number, if PAC**		
D. Leon Chandler											
Street Address	**Employer/Occupation/Labor Organization***									**Form (Cash, Check, etc.)**	
2456 Milligan Grove										ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**					**Amount**	
Grove City	OH	43123	09	23	11					30.00	
Full Name of Contributor									**Registration Number, if PAC**		
WALLACE D. Kewellyn											
Street Address	**Employer/Occupation/Labor Organization***									**Form (Cash, Check, etc.)**	
5385 Hoover Road										ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**					**Amount**	
Grove City	OH	43123	09	23	11					25.00	
Full Name of Contributor									**Registration Number, if PAC**		
AMANDA L. Holsinger											
Street Address	**Employer/Occupation/Labor Organization***									**Form (Cash, Check, etc.)**	
2451 Milligan Grove										ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**					**Amount**	
Grove City	OH	43123	09	24	11					100.00	
Full Name of Contributor									**Registration Number, if PAC**		
E. Michael Spiers											
Street Address	**Employer/Occupation/Labor Organization***									**Form (Cash, Check, etc.)**	
6173 Seneca Ct.										ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**					**Amount**	
Grove City	OH	43123	09	24	11					25.00	
Full Name of Contributor									**Registration Number, if PAC**		
Doris E. Malott											
Street Address	**Employer/Occupation/Labor Organization***									**Form (Cash, Check, etc.)**	
2047 Gingerwood Ct.										ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**					**Amount**	
Grove City	OH	43123	09	24	11					30.00	
Full Name of Contributor									**Registration Number, if PAC**		
Sandra L. Linger											
Street Address	**Employer/Occupation/Labor Organization***									**Form (Cash, Check, etc.)**	
3323 Park St.										ck	
City	**State**	**Zip Code**	**M**	**D**	**Y**					**Amount**	
Grove City	OH	43123	09	24	11					50.00	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total $ 560.00