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rage

675.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	-			
Citizens for Ron Grossman				
Full Name of Contributor		Registration N	umber, if PAC	
Sandra L Larger				(Out Chat as)
Street Address	Employer/Occupation/Labor	Organization*	F	orm (Cash, Check, etc.)
3325 Park St				<u>Check</u>
City	State Zip Code	M D		mount
Grove City	O H 4312		2 1 1	<u>50.00</u>
Full Name of Contributor		Registration N	lumber, if PAC	
Gary D Hammel				
Street Address	Employer/Occupation/Labor	Organization*	F	form (Cash, Check, etc.)
5944 Grant Run Pl	<u> </u>		_,	Check
City	State Zip Code	M D		Amount
Grove City	O H 4312			50.00
Full Name of Contributor		Registration N	Number, if PAC	
Charles W Buck				
Street Address	Employer/Occupation/Labor	Organization*	Į.	form (Cash, Check, etc.)
4814 Canerwood Ct				Check
City	State Zip Code	M D	t	Amount
Hilliard	O H 43 <u>02</u>			100.00
Full Name of Contributor		Registration 3	Number, if PAC	
Gary L Haughn	·			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
3887 Orchard Ln				Check
City	State Zip Code	M C		Amount
Grove City	O H 4312	091		50.00
Full Name of Contributor		Registration	Number, if PAC	
Patricia Hafer				
Street Address	Employer/Occupation/Labor	Organization*		Form (Cash, Check, etc.)
1849 Osage Ct.				Check
City	State Zip Code	M) Y	Amount
Grove City	O H 4312	0 9 1	2 1 1	25.00
Full Name of Contributor		Registration	Number, if PA	0
Joyce B Wallace				
Street Address	Employer/Occupation/Labo	Organization*		Form (Cash, Check, etc.)
5782 Ravine Creek Dr.				Check
City	State Zip Code			Amount
Grove City	O H 431	23 0 9 1	2 1 1	100.00
Full Name of Contributor		Registration	Number, if PA	C C
Cheryl A Miller				
Street Address	Employer/Occupation/Labo	r Organization*		Form (Cash, Check, etc.)
2355 Gershwin Ave				Check
City	State Zip Code	М	D Y	Amount
Grove City	O H 431	23 0 9 1	2 1 1	50.00
Full Name of Contributor		Registration	Number, if PA	С
K Susan Corbin				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
4460 Hoover Rd.				Check
City	State Zip Cod	e M	D Y	Amount
Grove City	O H 431	23 019 1	2 1 1	250.00
GIOVE CITY		antributor is self-employed, the occu	ination and the	name of the

^{*} 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)]