

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Uhrin for GC Council						
Full Name of Contributor Ted Berry For Grove City Council				Registration Number, if PAC		
Street Address 3311 Summer Glen Dr		Employer/Occupation/Labor Organization * Ohio State University			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 8	Y 2 0 0 9	Amount \$500.00
Full Name of Contributor Yeou-Long Shyu				Registration Number, if PAC		
Street Address 1947 Stringtown Road		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 7	Y 1 1 0 9	Amount \$75.00
Full Name of Contributor K A Gamble				Registration Number, if PAC		
Street Address 1845 Lakeshore Drive		Employer/Occupation/Labor Organization * Gamble Hartshorn, LLC			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43204	M 0	D 8	Y 0 1 0 9	Amount \$200.00
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner, Co., L.P.A.				Registration Number, if PAC CP-1058		
Street Address 300 Spruce Street		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0 6 0 9	Amount \$100.00
Full Name of Contributor Alexis M. Brisbine				Registration Number, if PAC		
Street Address 208 Cherrytree Ln		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Commercial Point	State OH	Zip Code 43116	M 0	D 9	Y 2 8 0 9	Amount \$20.00
Full Name of Contributor Joseph P Mahan				Registration Number, if PAC		
Street Address 300 W Spring St Unit 1804		Employer/Occupation/Labor Organization * Mahan Construction			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0 7 0 9	Amount \$200.00
Full Name of Contributor Linda K. Sampson				Registration Number, if PAC		
Street Address 2688 Hoover Crossing Way		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 0 2 0 9	Amount \$25.00
Full Name of Contributor Janice Bosley				Registration Number, if PAC		
Street Address 5295 Baypointe Dr.		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	M 0	D 7	Y 0 8 0 9	Amount \$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 **\$1,170.00**